CMP
United Business Media

Chemist&Druggist
The Newsweekly for Pharmacy

16 July 2005

Pharmacies respond quickly to London bombs

Scotland rolls out pharmacist prescriber clinics

NI's pharmacy plan will help patient services

Making the most of the CAM market

Piriteze Allergy Tablets and Piriteze Allergy Syrup Product Information. **Presentations:** Tablets containing 10 mg of cetirizine hydrochloride. Syrup containing 1 mg/ml cetirizine hydrochloride. **Uses:** Symptomatic treatment of perennial rhinitis, seasonal allergic rhinitis and chronic idiopathic urticaria. **Dosage and administration:** Tablets: *Adults (including the elderly) and children 12 years and over:* 10 mg daily. *Children under 12 years:* not recommended. Syrup: *Adults and children 6 years and over:* 10 ml once daily or 5 ml twice daily. *Children under 6 years:* not recommended. **Contraindications:** Hypersensitivity to constituents, breast feeding. Syrup: Severe renal impairment. **Precautions:** Use half dose in renal impairment. Tablets: Exceeding recommended dose may affect driving or operating machinery. Syrup: Caution in impaired hepatic or renal function. Maintain good dental hygiene. **Interactions:** Alcohol. Syrup: concomitant use of CNS depressants. **Side effects:** Drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal disorders. Tablets: Very rarely convulsions. Syrup: Somnolence. Very rarely allergic reactions. **Legal category:** Tablets: GSL (7 tablets) and P (30 tablets). Syrup: GSL. **Product licence number:** Tablets: PL 00079/0398 (7 tablets) and PL 00079/0399 (30 tablets). Syrup: PL 00289/0595. **Product licence holder:** Tablets: GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. Syrup: Approved Prescription Services Ltd, Brampton Road, Hampden Park, Eastbourne, BN22 9AG, England. Further information available on request from Medical and Consumer Affairs, GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** 7 tablets £3.99, 30 tablets £8.79; syrup 70 ml £4.99. **Date of last revision:** February 2005. **Piriteze** is a registered trade mark of the GlaxoSmithKline group of companies.

gsk GlaxoSmithKline Consumer Healthcare

Contents

www.dotpharmacy.com

Chemist&Druggist

The Newsweekly for Pharmacy

Volume 264 No 6503
First published September 15, 1859
ISSN 0009-3033

Published Saturdays by CMP Information Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW

C&D on the internet at: http://www.dotpharmacy.com/

Subscriptions: (Home) £173 per annum; (Overseas & Eire) $412 per annum. Single copies C&D £3.50 (postage extra). Extra Price List for subscribers: £16 per single copy; for non-subscribers: £55 per single copy. Subscription plus additional Price List: UK £173 plus £120; overseas: $412 plus $205.

Circulation and subscription: CMP Information Ltd, Tower House, Sovereign Park, Lathkill St, Market Harborough, Leics. LE16 9EF. Telephone: 01858 468811 Fax: 01858 434958

Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer.

The editorial photos used are courtesy of the suppliers whose products they feature.

PPA ABC

CMP United Business Media

recycle When you have finished with this magazine please recycle it.

This week

Quick response from London pharmacies 4
Last Thursday's terrorist attacks in London saw pharmacists and wholesalers across the capital pull together to offer supplies to the emergency services and reassure victims. We chart events as they happened

Scotland funds clinics 6
Plans to establish community pharmacy supplementary prescribing clinics in Scotland to help promote joint working between pharmacists and GPs have been welcomed by Frank Owens (left), chair of the negotiating body for Scottish contractors, SPGC

Repeat dispensing tops NI services drive 8
In a bid to deliver more cost effective pharmaceutical services, Northern Ireland's health department has launched eight projects across primary and secondary care including repeat dispensing and minor ailment schemes

MDS schemes hit by new terms 10
In the mistaken belief that MDS is now covered by the new contract, some PCTs and others are pulling the plug on locally-funded monitored dosage systems schemes

Alliance continues prison services 12
Alliance Pharmacy will be continuing to provide pharmaceutical services to 15 Scottish prisons for the next four years under a new contract with the Scottish Prison Service

Regulars

Question Time 10
Opinion 14
Xrayser 15
Medical Matters 22
Marketwatch 24
Classified 34
Back Issues 38

Pharmacy update

Metabolism – what and how? 19
In his second article on drug metabolism, Danny Burke describes some common mechanisms

Features

Licensed to cure 16
David Reissner and Noel Wardle examine the future prospects for herbal practice in the UK

Forever learning 27
Jeannette Smith looks back at her early learning experiences

Dispensing complements 28
Asha Fowells reviews the complementary medicines market

Look after yourself 32
PAGB's Mike Owen and Kirstie Pace look at self care

A quick response from London pharmacies

Last Thursday's terrorist attacks on London's transport system saw pharmacists and wholesalers across the capital pull together to offer supplies to the emergency services and reassure victims. Max Gosney and Anna Goldie report.

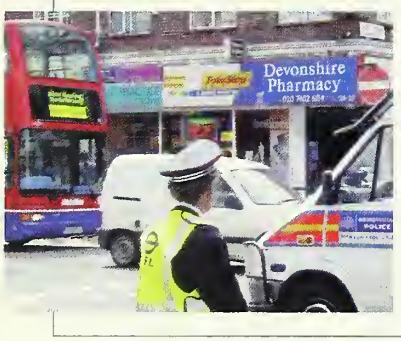
Devonshire Pharmacy, 215 Edgware Road

A customer, badly shaken and covered in dust, brought the full horror of London's terrorist attacks home to Edgware Road pharmacist Jeffrey Walsh.

"A guy came into the pharmacy looking in a bad way and explained he had been travelling in the first carriage of a tube train when a bomb went off. He said to expect to see body bags," said Mr Walsh.

The Devonshire Pharmacy, which is just a few minutes walk from Edgware Road Underground station, became a makeshift communication centre for those caught up in the bomb blasts of last Thursday, explained Mr Walsh. "Lots of people were just in a trance. As many mobile networks were down, they came in to use the phone and let loved ones know they were safe," he said.

Emergency services visited the pharmacy for Olbas Oil to use with facemasks affected by the heat encountered in the underground rescue operation, added Mr Walsh. He also provided emergency medicines for those stranded in London because of the blasts.



Attacks show importance of medical supply chain

Wholesalers found themselves with police escorts last Thursday as they tried to make sure hospital and community pharmacies got their medicine supplies.

Many delivery routes into London were suspended following police advice and employees at UniChem's Croydon and Chessington depots remained on emergency cover throughout the night in case hospitals, including St Barts, Guys' & St Thomas' and St Mary's, needed extra supplies.

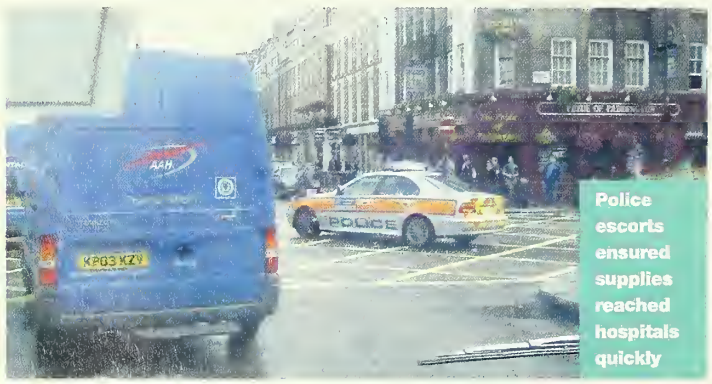
Many pharmacies in London went without their afternoon deliveries with wholesalers, such as Phoenix, giving them the option of having supplies couriered over if necessary.

AAH and UniChem both received police escorts to ensure secure access to hospitals in the areas affected by the bomb blasts.

Alan Fairfield, Romford and Ruislip branch manager at AAH said: "Initially we sent dispatch riders to deliver strong painkillers like pethidine and morphine before we contacted the police to tell them we needed help."

The police responded quickly by delivering supplies from the Romford branch to the Royal London hospital while police near the Ruislip branch organised a helicopter carrying antibiotics and gelofusine to other hospitals. Only six out of 65 of AAH's deliveries to pharmacies were suspended after the terrorist attacks. "The emergency services and our drivers were fantastic. My hat goes off to the police for all their help," added Alan Fairfield.

UniChem's Mark Stephenson said the attacks had brought home the importance of the medical supply chain. "I want to express my gratitude to those suppliers who went out of their way to assist us and to our customers for their patience and understanding."



Police escorts ensured supplies reached hospitals quickly

Ritechem Pharmacy, 150 Southampton Row, Holborn

Jitandra Kanjee, a pharmacist at Ritechem pharmacy in Holborn, thought nothing unusual about the loud bang he heard the morning of July 7.

"I heard a blast. But because there is so much construction work going on at the moment, I thought nothing of it."

Mr Kanjee discovered that the noise had in fact been a bomb exploding aboard the number 30 bus in Tavistock Square. He provided relief to those left stranded. "We had to provide emergency supplies of asthma inhalers and medicines for people suffering from heart problems who were left isolated by the bomb blasts."

Mr Kanjee said there was "chaos and confusion" in the immediate aftermath of the attacks but trade was slowly returning to normal.

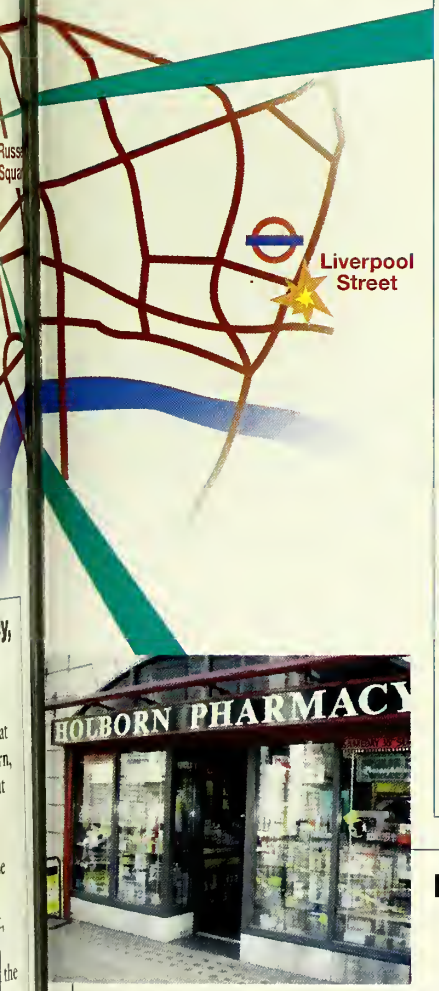
Boots flanks memorial to the dead

A swarm of policemen, TV camera crews and relatives of those missing in last Thursday's terrorist attacks on London gathered outside Boots pharmacy at King's Cross Station last week.

The Boots branch lies adjacent to a small courtyard, which has become a temporary memorial to the victims of the bombings.

Customers arriving to pick up prescriptions passed floral tributes, flags and messages of condolence for those who were killed when a device exploded at 8.50am on a Piccadilly line service from King's Cross station.

Boots chiefs praised the store's staff for demonstrating "unbelievable professionalism". Boots regional pharmacy manager Martin Crisp said: "We're very proud of our team who kept prescription services running as long as possible on the morning of the attacks. With the reminders at King's Cross we've tried to support staff as much as possible."



John Walker Pharmacy, 23 Leigh Street

The first that sales assistant Christina Ghebosila knew of last Thursday's horrific bus bombing was when members of the British transport police came into John Walker Pharmacy in Russell Square desperately seeking emergency supplies of dressings. "A friend from Israel phoned to see if I was alright, I didn't know anything had happened until we heard a huge bang which we thought was a thunder storm. We then switched on the radio and heard about the incidents on the tube."

Shortly after, the emergency services arrived and brought over £300 worth of stock, including three or four different types of dressing, six bottles of wound wash and boxes of Elastoplasts.

Safety pins, paracetemol and antiseptic were also handed out. Nine bottles of eyewash were also needed to clean dust and debris from the eyes of victims of the fourth explosion to hit the capital, a bomb which went off on a bus travelling between King's Cross and Marble Arch.

Ms Ghebosila said that immediately after the emergency services, shocked customers came into the shop needing wipes to clean faces blackened by smoke. "One customer was very badly shaken and covered in soot. I tried to get her to sit down in our consultation room but she just wanted to get away from the area as soon as possible. Many people who came in were too dazed to talk, they wanted Rescue Remedy and painkillers and to get home quickly."

Being in an area with many hotels the pharmacy saw people needing emergency prescriptions such as the contraceptive pill and diabetes medicine as well as those needing overnight supplies of toiletries.

After having no deliveries the rest of the day she added that they were back to normal on Friday.

Christina Ghebosila, "one customer very badly shaken"

Holborn Pharmacy, 88 Southampton Row

"Two minutes later and it would have been outside my door," reflected pharmacist Pradip Patel from his Holborn pharmacy, which lies on the route of the number 30 bus destroyed by a terrorist bomb last Thursday.

Mr Patel did not hear the explosion, which killed 13 people at Tavistock Square. "I didn't hear a thing because I was out the back working. When large numbers of people began streaming by I assumed they were going to Holborn tube to avoid construction work at Russell Square station," he said.

However Mr Patel quickly realised that the crowds of commuters filtering past the pharmacy were being re-directed for more sinister reasons. "I put on the TV and saw that London had been the victim of terrorist bombings. I went outside and offered to help." he added.

The pharmacy assisted as best it could according to Mr Patel. "Most people were in a state of shock so we tried to re-assure them. We were able to offer medicines for those who had run out and were stranded. People also used the pharmacy phone to let loved ones know they were safe," he said.

Mr Patel, who has run the pharmacy since 1987, said that the "resolute" attitude of Londoners had seen business quickly return to usual after the July 7 attacks. He commented: "My customers are determined to get back to work. As Londoners we have been hardened by the attacks and are determined not to let the terrorists beat us."

Boots evacuate Aldgate site

Boots evacuated 50 staff from its Aldgate store following the bomb explosion, which hit a nearby Underground train.

Police advised the retailer to shut the branch for security reasons as they investigated the blast, which killed seven people.

The company also offered staff at affected branches professional counselling following last Thursday's attacks according to regional manager Martin Crisp.

The Aldgate store re-opened this Monday and things have "returned to normal" according to staff.

SCOTLAND

Scotland funds pharmacy prescribing clinics

by Gary Paragpuri

Scotland is establishing community pharmacy supplementary prescribing clinics to help promote joint working between pharmacists and GPs ahead of the roll out of the new pharmacy contract in April next year.

The clinics will utilise pharmacists' prescribing skills, promote closer working between pharmacists and GPs, and improve access to patient care, the Scottish Executive announced in a NHS circular published last Friday.

The initiative will be in force during the current transitional period until Scotland's new community pharmacy contract is introduced on April 1, 2006. Thereafter, it will be subsumed into the chronic medication service component of the new pharmacy contract, the Executive has said.

Under the scheme, community pharmacists registered with the Royal Pharmaceutical Society as supplementary prescribers (or due to qualify later this financial year) can apply for a grant to set up clinics either in pharmacies or GP practices. The scope of the clinics – which can be a half day per week or one day per fortnight – is for pharmacists and GPs to decide but must meet locally identified patient needs.

Funding for the scheme includes: £500 for initial set up costs, which may be apportioned between pharmacy contractor and GP practice; and £150 per week to cover pharmacy contractor's costs for providing the clinic.

Welcoming the scheme, Frank Owens, chair of the negotiating body for Scottish contractors, SPGC, said it gave community pharmacists the opportunity to "ultimately establish themselves as core members of the primary care prescribing team".

Mr Owens said he regarded the initiative as an important early step in the move towards securing independent prescribing rights for pharmacists. "This announcement provides Scotland's community pharmacist supplementary prescribers the opportunity not only to use their newly acquired skills, but also to showcase the value of the pharmaceutical contribution in the overall management of chronic disease. It is important therefore that community pharmacist supplementary prescribers seize this new and exciting opportunity. I am confident that successful delivery of this initiative will generate yet further opportunities for community pharmacy in the future," he said.

Frank Owens: seize the moment

SPGC is currently preparing a *pro forma* to assist contractors in making applications for funding for the initiative, which will be coordinated and managed through NHS Education Scotland Pharmacy.

WALES

Welsh prefer to take scripts across border

The expectation that the English are engaged in health tourism, by rushing across the Welsh border to have prescriptions dispensed cheaper in Wales, has been disproven – to the chagrin of the politicians involved.

The Welsh prefer to go to England, even if they have to pay more.

The Welsh Conservatives, as part of their campaign against the free prescriptions that the Welsh Assembly Government will issue from 2007, claimed that currently "prescription tourism is costing the National Assembly almost £3m a year – which could be used to fill our 700 nursing vacancies".

Unfortunately, the local Tories omitted to ask how many Welsh families found it more convenient to get their prescriptions from English pharmacies – even though it would cost them £2.50 extra for each script.

In fact, the balance of the flow is from Wales into England. "We in Wales are about £800,000-a-year better off," said an Assembly Government spokesman.

"About £3m is the cost of English prescriptions dispensed in Wales, while Welsh prescriptions worth £3.8m are paid for by the Department of Health."

Neither administration has bothered to ask for a balancing of the books because the flows are "roughly equivalent".

Only 0.5 per cent of items dispensed in Wales originate from English surgeries.

The precise cause of the flow is uncertain. It is suspected that the heavy cross-border flow of weekend shoppers to the big towns of Chester, Shrewsbury and Hereford is to blame.

When the distinctive free Welsh scripts come into being, patients who take them across the border will have to pay at the English rate – unless their condition would warrant free medicines in England.

A Welsh Tory spokesman said: "In our question to the minister, we were interested only in the cost to Wales." **CB**

PRACTICE

Boots hosts PCT stop smoking clinics

A Boots store hosting twice-weekly smoking cessation clinics for the local PCT has helped more than 1,000 people to quit.

The Birmingham High Street branch agreed to pilot the 'drop in clinic' format for Heart of Birmingham Teaching PCT. During the first three months, over 3,500 smokers attended and there were 1,285 four-week quits.

Closure of Boots' laser eye clinics left space for the PCT to use as an outreach clinic until January, explained PCT stop smoking services adviser Dale Ricketts. PCT-employed staff provided nicotine replacement therapy supplied by Boots. It received over £100,000 for products dispensed.

The service is being reviewed to see if it is replicable in other areas.

CONTRACT

Mawdsleys offers MUR advice

Medicines use review is the subject of Mawdsleys' second reference guide to the new pharmacy contract.

It outlines ways in which pharmacists can offer an MUR service, and highlights the pros and cons of using the pharmacy or the GP practice as the point of delivery. The second in a series of contract resources for the wholesaler's customers, the next two publications will cover consultation areas and complaints procedures.

Mawdsleys says its first contract guide, on essential services, was welcomed as a "valuable tool" by pharmacists *(C&D, May 14, p13)*. Retail services director John Davies said the company decided to publish the series following concerns "that the independent sector doesn't have the right support in place to cope with the demands of the new contract".

For more information:
Selena Wallace, Mawdsleys retail services, tel 0161 742 3343

IF YOUR CUSTOMERS THINK A NASAL SPRAY COULD NEVER BEAT ANTIHISTAMINE TABLETS

SOMEONE'S PULLED THE WOOL OVER THEIR EYES[1-9]

It's time to clear up woolly thinking amongst allergy sufferers. Tell them that there isn't a more effective allergy treatment in your pharmacy than Flixonase Allergy Nasal Spray. Let them know that this spray is different, as it's not just for nasal symptoms. It can tackle all symptoms of hayfever, even the itchy eyes and groggy head by spraying just once a day.[1-14] Recommend Flixonase Allergy, because nothing is more effective without prescription.

SO MUCH MORE THAN AN ANTIHISTAMINE

Flixonase Allergy Nasal Spray Product Information. Presentation: Aqueous nasal spray suspension containing 50 micrograms of fluticasone propionate per spray. **Uses:** Prevention and treatment of allergic rhinitis. **Dosage and administration:** Intranasal use only. *Adults and the healthy elderly:* Two sprays into each nostril once a day, preferably in the morning. Use twice daily if required. Do not use more than 4 sprays a day in each nostril. Prophylaxis of allergic rhinitis requires treatment before contact with allergen. *Children under 18 years:* Not to be used. **Contraindications:** Known hypersensitivity to ingredients. **Precautions:** If symptoms have not improved after 7 days or, if symptoms have improved but are not adequately controlled, consult a doctor. Not to be used for more than 3 months continuously without consulting a doctor. Consult a doctor before use in: concomitant use of other corticosteroid products, nasal/sinus infection, recent nasal injury/surgery, nasal ulceration. Risk of adrenal suppression with higher than recommended doses. Significant interactions between fluticasone propionate and potent inhibitors of the cytochrome P450 3A4 system, e.g. ketoconazole and protease inhibitors, such as ritonavir, may occur. This may result in increased systemic exposure to fluticasone propionate. **Side effects:** Dryness and irritation of the nose and throat, unpleasant taste and smell, headache and epistaxis. Hypersensitivity reactions including skin rash and oedema of the face or tongue. Rarely anaphylaxis/anaphylactic reactions and bronchospasm. Extremely rarely nasal ulceration and nasal septal perforation usually following previous nasal surgery. **Pregnancy and lactation:** Do not use except with medical advice. **Legal category:** P. **Product licence number:** PL 10949/0360. **Product licence holder:** Allen & Hanburys, Stockley Park, Middlesex, UB11 1BT. Further information available on request from Medical and Consumer Affairs, GlaxoSmithKline Consumer Healthcare, Brentford, Middlesex, TW8 9GS. **Package quantity and RSP:** 60 spray pack £6.79. **Date of preparation:** December 2002. **Flixonase** is a registered trade mark of the GlaxoSmithKline group of companies.

References: 1. Ratner PH *et al.* J Fam Prac 1998; **47**: 118-125. **2.** Stricker WE *et al.* Ann Allergy Asthma Immunol 1998; **80**: 115. **3.** Kaszuba SM *et al.* Arch Intern Med 2001; **161**: 2581-2587. **4.** Jordana G *et al.* JACI 1996; **97**: 588-595. **5.** Gehanno P and Desfougeres J-L. Allergy 1997; **52**: 445-450. **6.** Weiner JM, Abramson MJ, Puy RM. BMJ 1998; **317**: 1624-9. **7.** Foresi A. Allergy 2000; **62**: 12-14. **8.** Stricker *et al.* J. Fam. Pract 1994; **38**: 14-22. **9.** Vervloet D, Charpin D, Desfougeres JL. Clin Drug Invest 1997; **13**(6): 291-298. **10.** Bernstein DI *et al.* Clin Exp Allergy 2004; **34**: 952-957. **11.** Van Bavel JH *et al.* Ann Allergy Asthma Immunol 1997; **78**: 128. **12.** Darnell *et al.* Clin. Exp. Allergy 1994; **24**: 1144-1150. **13.** Martin BG *et al.* Ann Allergy 1999; **86**(1): 81. **14.** Howland *et al.* JACI 2001; **107**(2): S154.

GlaxoSmithKline Consumer Healthcare

TEXT SNEEZE AND THE FIRST PART OF YOUR PHARMACY POSTCODE TO 83040 TO RECEIVE FREE POLLEN FORECASTS, ALLERGY TIPS AND COMPETITIONS

NORTHERN IRELAND

Repeat dispensing tops NI pharmacy services drive

Northern Ireland's health department has launched eight projects across primary and secondary care as part of a programme to deliver more cost effective pharmaceutical services.

The Department of Health and Social Services and Public Safety's (DHSSPS) Pharmaceutical Services Improvements programme includes four projects based in primary care and four in hospital pharmacy.

Arising from a DHSSP drive to reform, modernise and improve efficiencies in its healthcare delivery services, the programme will be managed by funded, dedicated teams, based at health board level. The projected costs and savings arising from the programme remain confidential but are currently being written into the project.

Elements of the programme may also be tied into the forthcoming Northern Ireland pharmacy contract negotiations, Pharmacy Contractors' Committee chief executive Terry Hannawin said. He highlighted the generic substitution, repeat dispensing and minor ailment schemes among those that could become part of contract negotiations.

Mark Timoney, senior principal pharmaceutical officer at the DHSSPSNI and programme director, said: "The purpose of this programme is to optimise the range of pharmaceutical services, with the aim of delivering better quality services for patients, secure increased efficiency in pharmaceutical services and, as a consequence, improve value for money. This is an exciting and challenging programme." **AC**

The projects

The four community pharmacy based projects are:

- Repeat dispensing, which aims to extend the current 87-pharmacy 'pathfinder' phase to all 509 NI pharmacies by March, 2008 (*C&D, May 14, p4*).
- Minor ailments, extending the number of pharmacies involved in minor ailment schemes from its current level of approximately 150 pharmacies in five areas to all NI pharmacies. The on-going project starts this winter with winter remedies and will add seasonal categories such as allergies.
- Generic prescribing rates, which involves working with stakeholders in the new NI community pharmacy contract to develop pharmacists' involvement in generic prescribing initiatives.
- Extension of the medicines governance initiative, a secondary care project designed to start establishing NI-wide near-miss, adverse event reporting procedures in primary care by the end of this year.

The four hospital pharmacy based projects are:

- 28-day hospital discharge supplies.
- integrated medicines management.
- therapeutic tendering.
- procurement of clinical technology.

NORTHERN IRELAND

Province looks at generics prices

Generic medicines prices in Northern Ireland could follow the changes that have been seen across the other home nations, the country's Department for Health, Social Services and Public Safety, has indicated.

The Department has been "carefully considering the position on the Northern Ireland *Drug Tariff*" and, in light of the reimbursement arrangements recently made in Scotland, has "had to consider these in the context of clarifying its own position", a spokesman told *Chemist & Druggist*.

Furthermore, the changes made by GlaxoSmithKline to its discount terms earlier in the year had caused "considerable difficulties", said the spokesman.

The Department had made "representations to GSK but so far we have been unable to achieve a satisfactory resolution", he added.

The DHSSP position on generics' reimbursement follows the decision by Scotland to cut the reimbursement prices of generics by £30 million (*C&D, May 14, p4*). **AC**

RETAILING

Tesco focuses on contacts

Prescription contact lenses are now available from Tesco pharmacies, following deregulation of opticians' stranglehold on the market.

The new regulations, which came into force on July 1, mean opticians have to issue all contact lens patients with a prescription to allow them to shop around for supplies. A Tesco spokeswoman said all pharmacy staff had undergone training before being allowed to sell a range of contact lens brands in different strengths to existing lens wearers only.

Tesco chief executive Terry Leahy commented: "By combining our pharmacy dispensing expertise with our proven ability as a global retailer we can make contact lenses cheaper and more accessible, offering customers top contact lens brands at Tesco low prices." **AF**

Damien Hirst is furthering his interest in the pharmacy profession with a 'colossal' new book. Famous for his Pharmacy exhibition and restaurant, the artist is planning to produce a large format, 1,500 page, full colour, hardback book that will include exterior and interior photographs (an example, featuring a model, is pictured) of every pharmacy - some 1,700 in total - in the Greater London area. *Pharmacy London* has the backing of all the major multiples and the London Pharmacy Forum, which will receive a signed, limited edition of the book to auction at Sotheby's to raise money for the Royal Pharmaceutical Society's Benevolent Fund

Nurofen Back Pain SR Capsules contain ibuprofen. They are for the relief of back pain only and will not increase back flexibility. Heat Patches do not contain ibuprofen.

New range available from your local wholesaler.

Back Pain Heat Patches (PIP 308-6139); Nurofen Back Pain SR Capsules 12s (PIP 308-6113) & 24s (PIP 308-612[illegible])

Nurofen Back Pain SR Capsules: capsules of 300mg ibuprofen in sustained release granules. **Indications:** Backache, rheumatic pain, muscular pains. **Dosage:** Short-term oral use. Adults and children over 12 years: One or two capsules, twice daily. Not more than 4 capsules in 24 hours with at least 8 hours between doses. If required for more than 10 days, or if symptoms worsen, consult a doctor. **Contraindications:** Known hypersensitivity to ibuprofen or other ingredients. History of bronchospasm, asthma, rhinitis, or urticaria, associated with aspirin or other non-steroidal anti-inflammatory drugs (NSAIDs). History of, or existing gastrointestinal ulceration/perforation or bleeding, including that associated with NSAIDs. Severe hepatic failure, severe renal failure or severe heart failure. Concomitant NSAIDs, including COX-2 inhibitors. Last trimester of pregnancy. **Special warnings and precautions for use:** SLE and mixed connective tissue disease. Gastrointestinal disorders and chronic inflammatory intestinal disease. Hypertension and/or cardiac impairment. Renal impairment. Hepatic dysfunction. Bronchial asthma or allergic disease. GI bleeding, ulceration or perforation, which can be fatal has been reported with all NSAIDs at anytime during treatment, with or without warning symptoms or a previous history of GI events. Caution with concomitant medications which could increase the risk of gastrotoxicity or bleeding, such as corticosteroids, or anticoagulants such as warfarin or anti-platelet agents such as aspirin. Withdraw treatment if GI bleeding or ulceration occurs. Possible reversible effects on fertility. **Side effects:** Hypersensitivity reactions including: (a) non-specific allergic reactions and anaphylaxis, (b) respiratory tract reactivity e.g. asthma, aggravated asthma, bronchospasm, dyspnoea, (c) various skin reactions e.g. pruritus, urticaria, angiodema and more rarely exfoliative and bullous dermatoses (including epidermal necrolysis and erythema multiforme). **Gastrointestinal disturbance including:** peptic ulcer, perforation or GI haemorrhage, headache, acute renal failure, liver disorders, haematopoietic disorders including anaemia. **Product licence Number:** PL 0327/0101. **Licence Holder:** Crookes Healthcare Limited, Nottingham NG2 3AA. **Legal category:** P. **Price** (MRRP): 12s (£3.04) 24s (£5.65) **Date:** July 2005

CONTRACT

MDS schemes hit by new terms

PCTs and others are pulling the plug on locally-funded monitored dosage systems (MDS) schemes in the mistaken belief that MDS is now covered by the new contract, the NPA has claimed.

It suggests that this is happening out of a misunderstanding of the scope of the *Disability Discrimination Act*. PCTs, GPs and social services believe that MDS can be considered a 'reasonable adjustment' for registered disabled patients and, therefore, should be covered by the DDA and paid for under the terms in the new contract for dispensing for disabled patients.

As a result, numerous members have been in contact with the NPA, voicing concern over the potential for personal and patient disadvantage.

Arguing that it is debatable whether MDS represents 'a reasonable adjustment' and that not all patients currently using MDS will be covered by the DDA, the NPA says it is prepared to take the matter up with stakeholders. NPA chairman Raj Patel said: "We cannot let this matter lie. It is important... to ensure we fully understand the implications, implementation and obligations of the DDA to ensure that all patients, including those that are not disabled receive the pharmaceutical care they need."

Commenting, Peter Williams, director of disposable medication packaging systems company MTS Medical Supplies, said: "It is the most vulnerable patients who attract the effort and resources connected with MDS and it is crazy that this should be negatively impacted by a contract that is supposed to be progressive and forward-thinking. Who knows how PCTs will respond when they hear of colleagues withdrawing support in this way." **AC**

Raj Patel: NPA prepared to take the issue up with stakeholders

WALES

Wales to tackle high cost of prescribing

Wales is turning the focus on GPs and some of their more unusual prescribing practices.

NHS Wales director Ann Lloyd said prescribing costs in Wales were "extremely high" and she was very keen to reduce them.

The auditor general in his report of over two years ago had recommended that GPs' habits be tackled in the wake of cutting over-charging by manufacturers - a programme now abandoned.

He had wanted a Welsh review on prescribing drugs that were listed in the *BNF* as "less suitable for prescribing".

A target has now been set to reduce the use of such medicines, which were described as "low cost but low effectiveness".

The attack on the use of branded drugs is bearing fruit, the Assembly was told. Generic prescribing has increased from 67 per cent in 2000 to 78 per cent last year.

The job of checking on what GPs do has been left to the 22 local health boards. Mrs Lloyd said: "We face a huge, huge bill. We must ensure that money is used effectively."

Liberal Democrat Mick Bates asked who would deal with GPs with prescribing habits "out of the norm". He was told action would not be taken by local health boards, but by some of the most powerful men in the Welsh NHS, the three regional directors.

The 'Barmy Army' supporting the British and Irish Lions in New Zealand included two representatives from the Royal Pharmaceutical Society in Scotland. Pictured just before the final test match in Auckland are Lyndon Braddick, director of the RPSGB's Scottish Department, right, and Steven Kayne Scottish Executive member. The pair met by chance in the city's main shopping area

INDUSTRY

NPAnet unaffected by IMS sale

The National Pharmacy Association says that its intranet service, NPAnet, should not be adversely affected by the sale of the company that hosts the service.

Richard Maw, NPA finance director said the sale of IMS Healthcare, the company that hosts NPAnet, to Dutch company VNU in a reported £4m deal was unlikely to alter IMS Healthcare's involvement in the running of NPAnet. "We see the deal as a complimentary purchase by VNU and don't anticipate an effect on IMS Healthcare's work with the NPA," he commented.

The data company provides service support for the NPAnet service, which it helped launch in 2000.

VNU and IMS Healthcare offer combined revenue of over £3m according to VNU.

Chief executive officer at IMS Healthcare David Carlucci said: "This is a strategically compelling transaction that provides real value to clients, employees and shareholders in both the near and long term."

LEGAL

Cialis faker lands jail term

A man who pleaded guilty to selling 4,000 counterfeit Cialis Tablets was sentenced to five months in prison, suspended for 18 months on Monday.

Mohammed Yaqub Hussain, of Ilford, Essex, appeared at Isleworth Crown Court following an investigation by the Medicines and Healthcare products Regulatory Agency (MHRA), which culminated in Mr Hussein's arrest on September 22, 2004.

Danny Lee-Frost, head of enforcement for the MHRA, said criminals who sell counterfeit drugs "pose a clear danger to public health and we will continue to investigate and prosecute".

This case is unconnected with the MHRA's ongoing investigation into counterfeit Cialis in the legitimate UK supply chain.

Questiontime

This week's question:

Do you want original pack dispensing to be made mandatory?

- **Yes – it saves time, waste and dispensing errors**
- **Yes – if pharmacists consulted on pack designs**
- **No – original packs are too bulky and expensive**

You have until noon on July 19 to vote at *www.dotpharmacy.com*. We will publish the results in *C&D* on July 23.

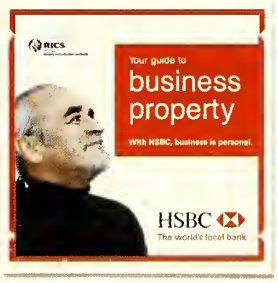
RICS
The mark of
property professionalism worldwide

It takes time to grow your business. About 5 minutes.

That's how long it takes to order our CD-ROM 'Your Guide to Business Property.'

Created in association with the Royal Institution of Chartered Surveyors, it shows how owning your business property could help your business flourish.

And it's free. Once you've had a look, contact one of our Commercial Managers for more detail on our flexible, market-leading Commercial Mortgages – including benefits like borrowing up to 80% of the value of your property and repayment terms of up to 30 years.



- Call 0800 587 1480
- Visit www.hsbc.co.uk/business
- Call into your local HSBC branch

With HSBC, we understand that business is personal.

HSBC
The world's local bank

Lines are open from 8am to 10pm every day (except Christmas Day, Boxing Day and New Year's Day). To help us continually improve our service and in the interests of security, we may monitor and/or record your telephone calls with us. Issued by HSBC Bank plc.

Alternatively, to order Your Guide to Business Property CD-ROM send this coupon to HSBC Bank plc, Business Information Service, FREEPOST NWW 1502, Manchester M45 9AZ.

Title_____ Surname_____ First Name_____

Address_____

_____ Postcode_____

Daytime Tel no. (inc std)_____ Evening Tel no. (inc std)_____

SCOTLAND

Alliance continues prison services

by Asha Fowells

Alliance Pharmacy has announced it will be continuing to provide pharmaceutical services to 15 Scottish prisons for the next four years.

Under its new contract with the Scottish Prison Service (SPS), the multiple will be offering a two-tier package. All penal establishments, which house around 7,000 inmates, will benefit from the provision of "core" services, and will be offered the opportunity to commission "non-core" services according to local need.

The core component of the contract will cover the supply function, completion of a pharmaceutical needs assessment, and clinical services delivered by pharmacists and pharmacy technicians during prison visits. All prisons will also benefit from a pharmacist-manned emergency advice line that will operate outside pharmacy visiting hours.

The optional non-core services will include supervised training, pharmacy assistant services, home leave methadone and smoking cessation. Alliance professional services senior manager Elaine Hartley said the services reflected developments in community pharmacies in Scotland, adding: "Potentially all Scottish prisons could benefit."

To support the new contract, the purpose-built dispensary at UniChem's Livingston depot (pictured) will be expanded and more staff brought in. Skill mix will be improved by using accuracy checking technicians and technician-led clinical services, explained Ms Hartley.

Alliance, under its previous name of Moss Pharmacy, started serving prisons north of the border in 1999. SPS health head Dr Andrew Foster commented: "SPS is looking forward to working in partnership with Alliance again, in developing future pharmaceutical and wider health services for patients in prison. We will build on the many achievements already secured in our partnership over the past five years."

A purpose-built dispensary at UniChem's Livingston depot is the nerve centre for Alliance's prison pharmacy service

PRACTICE

RPSGB's waste guidance is released

Interim guidance for primary and secondary care pharmacists on hazardous waste has been published this week by the RPSGB.

The guidance advises on areas such as waste regulations, duty of care, licensing and storage of waste, destruction of Controlled Drugs, de-blistering, medicine segregation, hazardous and non-hazardous waste and a list of hazardous medicines.

Sue Kilby, the Society's head of practice, said: "The guidance is interim as a number of issues such as how to dispose of sharps containing cytoxic drugs and what happens to Controlled Drugs issued to nursing homes have not been confirmed."

She added that updates to the guidance will be posted online "as further information becomes available".

"All practising pharmacists are urged to view the Society's and PSNC's websites on an ongoing basis." she said

Both sets of interim guidance were to be available on the Society's website at *www.rpsgb.org/practice* from July15. **GP**

NPA

Original pack dispensing would ease Braille law, says NPA

Original pack dispensing would help pharmacists comply with a European requirement for dispensed medicines to include the drug name in Braille, pharmacy's trade body has said.

The pharmaceutical industry is gearing up to ensure their packages comply with EU legislation by including the product name in Braille and a product information leaflet. But introducing this requirement into the dispensing process when using bulk packs is "not practical and will significantly increase the cost and time of dispensing", said Colette McCreedy, pharmacy practice director at the Natioanl Pharmacy Association said, in response to a Government consultation on implementing EU legislation.

She added that it was difficult for pharmacists to supply PILs with medicines dispensed from bulk packs as manufacturers are only required to supply one leaflet per pack. The Government's "solution" of photocopying, downloading or obtaining spare PILs was "impracticable" and opposed to the objective of a safe, quality service, she said.

Ms McCreedy, who said the NPA is currently handling two claims relating to patients not receiving PILs, urged the Government to "face up to its obligations, put its hand in its pocket, and make the regulatory changes necessary to allow the routine use of patient packs".

Colette McCreedy

The RPSGB's practice committee echoed Ms McCreedy's view at its July meeting. The committee is to seek Council support for its objective of ensuring OPD is the dispensing standard for both hospital and community pharmacy. **AF**

MULTIPLES

United Co-op boosts its pharmacy portfolio

United Co-op Healthcare has acquired nine pharmacies in the North West of England.

The Rochdale based company acquired pharmacy operators Sheard Group, which has seven sites and Saffer Chemists, which has two for an undisclosed fee.

The pharmacies are located in the Leeds and Harrogate areas and are part of United Co-op Healthcare's immediate growth plans said John Nuttall, general manager at the company. He commented: "At the end of last year we said that we were determined to expand our business, with Yorkshire a major target. Following these acquisitions we look forward to expanding the business again in the near future."

The purchase of Sheard Group and Saffer Chemists boosts United Co-op Healthcare's portfolio to 139 pharmacies. The company had a turnover of £132million in 2004. There will be no staff redundancies from the sale, say United Co-op Healthcare.

POLICY

Call for new ideas on professional regulation

by Adrienne de Mont

The Department of Health is calling for ideas on how health professions, including pharmacy, should be regulated.

Workforce director Andrew Foster is seeking opinions on the six key themes he has identified as part of his review of healthcare regulation.

The six themes are:

- What measures are needed to demonstrate practitioners' initial and continuing fitness to practise?
- What changes are needed to the process of carrying out fitness to practise investigations in order to maximise public safety, the quality of health care, fairness to registrants and satisfaction of complainants?
- How can we best ensure that support staff provide safe and reliable services to patients? Should they be subject to formal registration?
- How should new and extended roles be regulated?
- How does regulation fit into its wider context such as healthcare priorities and extension of IT?
- What changes are needed in the structure, functions and number of healthcare regulators?

Comments should be sent by August 20 to Andrew Foster, Department of Health, Richmond House, 79 Whitehall, London SW1A 2NS (or e-mail *hrdlistening@dh.gsi.gov.uk*).

The Royal Pharmaceutical Society intends to respond.

The review is running alongside the General Medical Council's review, set up in response to the Shipman inquiry, and will involve professions covered by the Council for Healthcare Regulatory Excellence (*C&D, March 19, p7*).

PRACTICE

Patient fraud loss is down by 54 per cent

Patient fraud is down by 54 per cent and losses to fraud by NHS professionals has dropped by between 43 and 54 per cent saving the NHS £675 million since 1998.

Released by the NHS Counter Fraud and Security Management Service, the figures also reveal that the annual positive financial benefit of counter fraud work went up from £141m in 2003-04 to £189m in 2004-05.

The fraud service claims it has had a 96 per cent successful prosecution rate and notes that the total saving to the NHS of £675m represents a 13:1 return on its budgetary investment in its work. **AF**

The RPSGB's Welsh executive elected Peter Jones and Nuala Brennan as its new chairman and vice-chairman respectively at a meeting in Cardiff last Thursday. Mr Jones is a professional development consultant for Boots, and a member of the Welsh committee for professional development of pharmacy and vice-chairman of Community Pharmacy Wales among other positions. Ms Brennan is a consultant in pharmaceutical public health for the National Public Health Service for Wales

ENGLAND

Pay pharmacists for DoH scheme participation

Community pharmacists should be funded for taking part in a Department of Health scheme to help implement the new pharmacy contract in England.

Pharmacists who attend workshops and collect data as part of the Community Pharmacy Framework Collaborative should be reimbursed locum, accommodation, and travel costs, the National Pharmacy Association has said. The Department of Health has allocated £4m to the project but most of this will fund PCT project managers, says the NPA.

Highlighting that some PCTs have found money to cover attendance and data collection costs, NPA chief executive John D'Arcy said: "Perhaps the real issue is that the project has not been allocated sufficient funds by the Department of Health."

RPSGB

Guide changes

New information on standards of professional performance and competence is among changes to the *Medicines, Ethics & Practice* guide, distributed last week.

New information in the 29th edition (July 2005) of the RPSGB publication also covers:

- CPD;
- pharmacists' duty of care;
- co-operation with inquiries into fitness to practise;
- patient group directions;
- electronic signatures for prescriptions;
- supplementary prescribers; and
- NHS scripts for drug misusers.

Our question to pharmacists this week was:
What is your impression of the NPA changing its name to National Pharmacy Association?

"It matters neither here nor there"

Judith York, Northampton

"I couldn't see anything wrong with the old one. There's not much difference between pharmacy and pharmaceutical"

Darren Lewis, Poole

"I don't think it has any bearing at all"

Gerald Lloyd, Amesbury

Our online poll at *www.dotpharmacy.com* said...

22%
Better represents the association's purpose

32%
Can take it or leave it

46%
Couldn't see anything wrong with the old one

Comment from the Editor

While last week's bombing outrage took place in central London, the people murdered or injured by the terrorists came from a much wider area. Many of our readers are therefore likely to know people who suffered, whether as relatives, friends, customers or patients. We add our condolences and sympathy to that already expressed.

The attack shook the nation. But it also showed the resilience and the pragmatism that are a worthy part of the nation's character. And when an event like this happens, it is gratifying that the pharmacy profession is able to help in some small way.

In an emergency, there is a natural expectation from the public to seek first aid and medicines from pharmacies close by, but it is not clear whether community pharmacies are formally involved in emergency planning. This is something to consider for those in the NHS who draw up the emergency response procedures.

Ideally, further terrorist activity will be thwarted, but major accidents will continue to occur, so community pharmacy needs to be part and parcel of any strategic response.

Rather than wait to be involved, though, pharmacists and pharmacy staff can be active now. The profession's Code of Ethics and Standards says: "Pharmacists must assist persons in need of emergency first aid or medical treatment whether by administering first aid within their competence or by summoning assistance and/or the emergency services." What training in first aid do you, your colleagues or your staff have?

Unfortunately, another less noble aspect of the British psyche has surfaced: that of racial intolerance. While the bombing seems to have been the sadistic act of a few flawed individuals, news reports this week suggested a backlash had begun.

As a profession, pharmacy has a greater proportion of members from ethnic backgrounds than the population as a whole. Sadly, it is easy to think that some may become victims to such retaliation by those members of the public who think of themselves as vigilantes against Islam.

The profession should make a stand and join others to fight intolerance and victimisation, especially if based on colour or creed.

"It is gratifying that the profession was able to help in some small way"

Yourviews

E-mail your views to chemdrug @ cmpinformation.com

Public health needs your support now, urges Veronica Wray of PHL

Get involved in public health

Last week over 100 delegates attended a conference in London to debate how best to implement the government's *Choosing Health* agenda.

The conference, *Supporting PCT Pharmacists – What Does "Choosing Health" mean for you?*, organised by PharmacyHealthLink, in collaboration with the Royal Pharmaceutical Society and the Primary Care Pharmacists Association, focused on what community pharmacists and PCTs actually need to make *Choosing Health* a reality.

Community pharmacists and PCT pharmaceutical advisers, directors of public health and other local decision makers were brought together to cut through the rhetoric and to look at the practicalities of actually providing a successful public health service to their communities.

Questions such as what support do community pharmacists need from PCTs and *vice versa* were top of the agenda.

One of the major issues highlighted during the day was

Continued on opposite page

Continued from previous page

the lack of communication. Not only a lack of communication from government down to PCTs and between PCTs themselves, but also, from PCTs to community pharmacists. Although it was recognised that some PCTs appeared to be liaising with pharmacists on their 'patch', the majority were less so.

And pharmacists? Well, we know that they work under intense pressure so it is certainly not feasible for most of them to work

"To achieve a true public health service they [pharmacists] must learn to work 'smarter'"

any harder – but in order to achieve a true public health service they must learn to work 'smarter'.

And this will mean – in part – making sure that all their staff are properly trained, especially those who are working on the medicines counter. After all it is they who are the 'face' of the pharmacy and if they are not knowledgeable and motivated then the whole image of the pharmacy will be damaged.

Under the new pharmacy contract in England, they will also be required to run six public health awareness campaigns, so they can no longer afford to work in isolation from each other or other healthcare professionals.

Speakers from the Department of Health told delegates how they could access campaign leaflets from them (free of charge) on health issues such as immunisation, sexual health and stop smoking services. Other speakers highlighted where further campaign material could be accessed, such as Ask About Medicines Week, PHLink and other health charities who provide a leaflet service.

PHLink has also put together a guide for community pharmacists to help them run a successful public health campaign entitled *Ten Steps to Success*. This and more details about the conference can be found on the website at: *www.pharmacyhealthlink.org.uk*

Veronica Wray is the communications consultant for PharmacyHealthLink

Xrayser

TOPICAL REFLECTIONS

Death by paperwork

I am drowning in paperwork and fear that under the new contract I am in danger of sinking without trace. I estimate that I spend the equivalent of one day every week on largely unnecessary administration. Clinical governance is the excuse for much of this pen pushing, but requirements such as the new Controlled Drugs arrangements (*C&D, July 9, p4*) will mean that I spend more time form filling than on new clinical roles.

These rainforest-destroying requirements mean that it will become more important to record CD use than to ensure they are used correctly. Other daft requirements include recording CPD in a tedious, time consuming manner, while no one cares if we are actually learning anything. And staff have become so fastidious about recording maximum and minimum fridge temperatures that they often forget to check what's going on inside the fridge.

We have a folder full of SOPs but no one has time to read them. I'm dreading the recording of advice, interventions and referrals and the introduction of patient satisfaction surveys. For every five minutes I spend recording my advice I have five minutes less to advise more patients.

And even my patients will be sucked into this nonsense. I don't know anyone who completes a survey without the lure of winning a prize and I'm sure there won't be prizes on offer for these patient satisfaction surveys.

A recent visit from the Society's inspector made me realise that he was more interested in what I was recording than what I was actually doing. The two are not necessarily synonymous, as we should have learnt from the exploits of people like Harold Shipman and Nick Leeson. Just because I have paperwork relating to the disposal of unwanted medicines it doesn't mean that I'm not re-using the odd pack or pouring the occasional bottle down the sink.

And the existence of a complaints procedure does not mean that staff even know where it is or how to use it. Staff have to be trained to higher standards than ever before and they must undergo induction procedures and appraisals. They have to be familiar with an increasing list of protocols, SOPs and health and safety requirements. There is less and less time for them to do any work. I can see a time when the pharmacy will have to shut for a 'paperwork day' to allow us all to catch up.

The skill mix split

The response to the Department of Health's skill mix consultation reveals a divide in the profession (*C&D, July 9, p10*). While most respondents agree that supervision requirements should be clarified, opinion seems to be divided about how they should be taken forward.

While half of respondents would like pharmacists to be able to leave the premises, the other half want them to remain at the pharmacy. About half would like pharmacists to be responsible for only one pharmacy at once while the rest think they could be in charge of more than one. I wonder if this is a straightforward independent/multiple split, or something more complicated.

Bring on OTC trimethoprim – and more!

POM to P switches are a bit like a number 7 bus – there are none for ages then a load arrive all at once. News of a request to switch trimethoprim follows hot on the heals of the chloramphenicol re-classification and it makes me wonder if there is another switch or two around the corner.

I hope this switch is approved quickly as it seems common sense to have trimethoprim available OTC.

My local GPs will often issue it without even speaking to the patient so any checks are better than none. And wider availability shouldn't lead to much more widespread use. My only concern is women stocking up 'just in case' but perhaps Cysticlear should only be sold for current infections.

In the second article* looking at the regulation of herbal remedies and herbal practitioners, David Reissner and Noel Wardle examine the future of herbal practice in the UK in the light of prospective new legislation

Licensed to cure

In March 2004, the European Union issued a directive to all European governments requiring them to implement changes to the regulation of herbal remedies within the EU. Governments have until October 30, 2005 to implement the directive into domestic law.

The directive will impose a system of licensing for all over the counter herbal remedies sold or supplied in the EU. In recognition of the special naturc of herbal remedies, licensing will not be as stringent as the current system for licensing of non-herbal medicinal products.

The UK Government has yet to publish regulations implementing the EU directive, but it is thought that the system will operate along thc following lines.

Any person wishing to market a herbal remedy in the UK will have to apply to the MHRA to obtain a 'traditional-use registration'. Most importantly, the applicant will have to show that the product has bcen in use for at least 30 years, and at least 15 ycars within the EU. The application will have to include:

- the namc of the product
- its ingredients
- the manufacturing method
- indications, contraindications and adverse reactions
- instructions on use and shelf-life
- details of qualitativc testing.

The applicant must state whcther the product has been rcfused or granted registration in another member state. A new EU body, known as the Committee for Herbal Medicinal Products, will be charged with administering the regulations and keeping a list of herbal substances.

Herbal remedies will have to be sold with instructions on their use and any known adverse reactions. This, at least, will help the consumcr to understand the product, its benefits and any risks and so will allow a more informed decision before purchasing.

The manufacturers of remedies that were already on the UK market when the directive was published in March 2004 will have until March 2011 before they need to obtain a traditional-use registration for those remedies, but any new products will have to be registered before they can be sold in the UK.

The registration system will not apply to products that are supplied following a one-to-one consultation with a herbal medicine practitioncr. For patients who currently obtain their herbal remedies following consultations, their herbal remedics will not havc to be registcred – at least in the short term.

However, the UK Government is making plans to impose regulation upon herbal practitioners themselves, in the same way as other healthcare professionals are regulated in the UK. A consultation process to set up this regulatory framework started in the House of Lords back in 2000. The Department of Health published its report on the consultation in February this ycar and found that there was strong support for the introduction of statutory regulation to ensure public

CPD

This article can help in the following CPD competencies: C1f, G1c, G1a, C1a.
A list is available at *www.uptodate.org.uk/home/PlanRecord.shtml*

"Qualification would be through a 'grandparenting' scheme"

protection and enhance the status of the herbal medicine and acupuncture professions.

The Department is expected to publish draft regulations in autumn or winter of 2005, followed by further consultation. Clearly it is going to be some time before herbal remedy practitioners are brought into the regulatory framework that other healthcare professionals practise within – but what sort of framework can herbalists expect?

Based on the report on consultation to date, it seems likely that the Government will set up a Complementary and Alternative Medicine (CAM) Council to regulate herbal medicine and acupuncture practitioners who are not already part of a professional body. This will be an umbrella organisation covering herbal medicine professionals and acupuncturists, but it may be extended to cover other alternative medicine professionals as time goes by. The separate professions are likely to maintain some autonomy in how they organise themselves.

Anyone who wishes to practice as a "herbal practitioner", "traditional Chinese medicine practitioner" or "acupuncturist", for example, would have to qualify into that profession and be bound by rules of professional conduct. Qualification would be through a "grandparenting" scheme in the first instance, with those already practising at the time the register opens being able to apply for registration. It is likely that there will be a two-year transition period to allow the existing practitioners to register. Those seeking to practise after the regulations come into force would have to go through prescribed training. Practitioners would have to carry out continuing professional development and there would be sanctions for professional misconduct and incompetence, with a practitioner being removed from the Register in the worst cases. No doubt the Council for Healthcare Regulatory Excellence would keep a watchful eye over the CAM Council and become involved in cases if unduly lenient sanctions were administered.

All this is some way off, however, with regulations not expected to come into force until late 2006, and a two-year transition period for those already practising.

While changes are under way to regulate a profession which, up until now, has been largely free of government intervention, it will be at least six years until herbal remedies currently on sale have to be licensed, and three years at least until those herbal medicine practitioners are subject to compulsory regulation. Until then, the question of the safety and efficacy of herbal remedies is likely to continue to be the subject of public debate and controversy.

David Reissner and Noel Wardle are members of the Healthcare Regulatory Team at Charles Russell, Solicitors: contact david.reissner@charlesrussell.co.uk or noel.wardle@charlesrussell.co.uk

** The first article appeared in C&D June 25, p20-22*

Pharmacy Update 2005

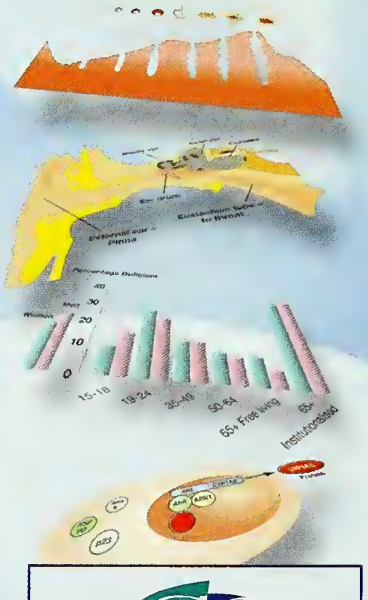
Pharmacy Update – continuing professional development for pharmacists and pharmacy technicians

Register now for 2005

- Make Pharmacy Update part of your CPD portfolio. Modules are available week by week in *C&D* and at *www.dotpharmacy.com*.
- Test your learning using the monthly question paper and log your answers using *C&D*'s telephone marking service. It's a simple way to keep your clinical and practice knowledge up to date, and will help you meet the competencies set out in the Royal Pharmaceutical Society's CPD manual.
- The £30 registration fee covers all Modules published in 2005. Learn what you want when you want.

Pharmacy Update 2005 – the benefits

- Over 30 hours of CPP accredited learning
- Access to *C&D's* telephone marking service for registering your answers and checking your results
- If you miss a module or question paper, visit *www.dotpharmacy.com*
- Northern Ireland pharmacists will have their registration fee paid by NICPPET



GENUS PHARMACEUTICALS

Pharmacy Update is supported by Genus Pharmaceuticals.

- Pick up the phone to pay by credit or debit card. Call Mary Prebble on **01732 377269**

Join the GENUS challenge!

Genus Pharmaceuticals, sponsor of Pharmacy Update, has set pharmacists a CPD 'charity challenge' for 2005.

- If 1,000 pharmacists sign up to Update in 2005 Genus will donate **£2,000**
- If 1,500 pharmacists sign up to Update in 2005 Genus will donate **£5,000**
- If 2,000 pharmacists sign up to Update in 2005 Genus will donate **£10,000**

The donation will go to the charity listed below which receives the most votes from pharmacists or pharmacy technicians who register for Pharmacy Update 2005. Make your vote count when you register:

- TB Alert (*www.tbalert.org*)
- RPSGB Benevolent Fund (*www.rpsgb.org.uk*)
- Great Ormond St Hospital Children's Charity (*www.gosh.org*)
- Shelter (*www.shelter.org.uk*)

Return this completed coupon with your credit/debit card details or cheque (payable to CMP Information) to Mary Prebble, Pharmacy Projects, CMP Information Ltd, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW.

❑ Please register me for Pharmacy Update in 2005.
❑ I enclose a cheque payable to CMP Information for £30
❑ My credit/debit card details are below:

Type_____ Expiry date _____

Number_____

Name (as on card)_____

Signature_____ Date_____

❑ I am a pharmacist registered and practising in Northern Ireland and wish to register under the NICPPET scheme (do not send a cheque). My PSNI registration number is:_____

Name_____

Address_____

_____

_____

Postcode_____

Daytime phone number_____
(required for credit/debit card payments)

E-mail address (if available) _____

The Genus Challenge – Vote for the charity of your choice. Which charity would you like to support? (see above):

❑ TB Alert ❑ Shelter ❑ RPSGB Benevolent Fund
❑ Great Ormond St Hospital Children's Charity

Information you supply to CMP Information Ltd may be used for publication (where you provide details for inclusion in our directories or catalogues and on our websites) and also to provide you with information about our products or services in the form of direct marketing activity by phone, fax or post. Information may also be made available to third parties on a list lease or list rental basis for the purpose of direct marketing. If at any time you no longer wish to (i) receive anything from CMP Information Ltd or (ii) to have your information made available to third parties, please write to the Data Protection Co-ordinator, Dept PHP649, CMP Information Ltd, FREEPOST LON 15637, Tonbridge TN9 1BR or Freephone 0800 279 0357 quoting the following codes: (i) PHP649C, (ii) PHP 649T.

CPD

This article can help in the following CPD competencies: **G1e, G8f, C1d.** A list is available at *www.uptodate.org.uk/home/PlanRecord.shtml*

Metabolism – what and how?

In his second article on drug metabolism, *Danny Burke* describes some common mechanisms

The first of these two articles on drug metabolism (*C&D, Pharmacy Update, May 14, p19-21*) discussed half-life, which can generally forecast the relative durations of action of drugs as long as these are not converted to active metabolites.

Unfortunately, the relationship between half-life and drug metabolism is not straightforward. The rate at which a drug is metabolised depends on a second pharmacokinetic parameter, clearance. Clearance relates to the rate at which parent drug disappears from the blood, although its value is expressed not as a rate but as the volume of plasma that becomes completely denuded of drug over a given time. If a drug is converted to metabolites, then the resulting loss of parent drug from the blood contributes to its plasma clearance value.

Naproxen is a drug whose rate of disappearance from the plasma coincides closely with the appearance of its metabolites in the urine. But plasma clearance does not distinguish between the different means by which a drug can be lost from the blood. So any physical excretion of unchanged parent drug in the urine or bile also contributes to the plasma clearance value.

A further complication is that, while the half-life of a drug is partly determined by its plasma clearance, it is also influenced by a third pharmacokinetic parameter – volume of distribution. This value compares the extent to which a drug concentrates in the blood plasma relative to the extent to which it accumulates on or in the cells of various tissues, notably adipose tissue and muscle. The half-life of a drug is proportional to its volume of distribution divided by its clearance and as the two latter parameters can vary independently of each other, half-life alone is no reliable guide to rate of metabolism.

For example, using data averaged from five published sources, in an average adult propranolol and atenolol have similar terminal half-lives (about four and six hours respectively). But whereas propranolol is removed rapidly from the blood by metabolism in the liver and has a correspondingly high clearance (60L/h), atenolol is not metabolised and is removed relatively slowly from the blood by excretion of the parent drug in the urine, so has a comparatively lower clearance (7L/h).

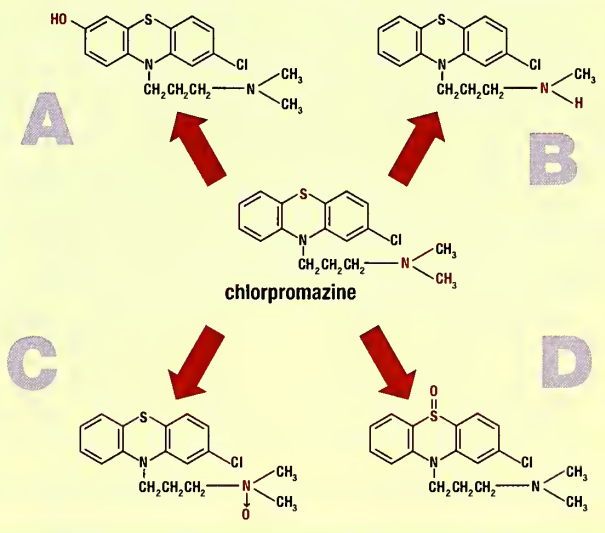
Meanwhile, propranolol disseminates widely from plasma into body tissues whereas atenolol is largely confined to the plasma. This difference is reflected in their respective volumes of distribution (310L for propranolol compared with 64L for atenolol). But as half-life = 0.693 x volume of distribution ÷ clearance, the respective ratios between volume of distribution and clearance for each drug result in similar half-lives.

High and low extraction

Hepatic clearance is a clearance value that does specifically reflect the rate of drug metabolism (hepatic as the majority of drug metabolism occurs when a drug in the blood passes through the liver). Unfortunately hepatic clearance is much more difficult to measure than total clearance and is rarely quoted in drug data sheets. Some drugs are, however, listed as being "high hepatic clearance" or "high extraction" and one can be sure that these are metabolised both rapidly and extensively (for example, propranolol). Other drugs are listed as "low hepatic clearance" or "low extraction" and are metabolised only slowly, for example diazepam (*see Table 1 p20*). High and low extraction relate to a parameter called "hepatic extraction ratio", which contributes to the hepatic clearance value and is a direct measure of the extent to which metabolism in the liver removes a drug from the blood.

Drug data sheets more commonly list how extensively a drug is metabolised (that is, what percentage of the parent drug dose becomes metabolised) rather than the speed of metabolism. A drug of high extraction will be metabolised both rapidly and extensively. A drug of low extraction might still be metabolised extensively, but this will happen only slowly. Extensive metabolism coupled with a short half-life indicates rapid metabolism. Provided the metabolites are not pharmacologically active, then generally the more rapid a drug's metabolism the shorter its duration of action.

Figure 1: Phase 1 drug metabolism



Reactions and pathways

The nub of drug metabolism is the changes that take place in the chemical structure of drugs, converting the parent into metabolites. They are not random

Continued on page 20

events, but are a set of defined pathways, that is, atomic changes that are mediated by specialised enzymes and involve a range of small molecular motifs in the drug structures. They alter both the pharmacological activity and the excretability of the parent drug.

A long-standing convention is that there are two consecutive phases to drug metabolism. This accurately describes what happens to most drugs, although some bypass the first phase and enter directly into the second phase. Phase 1 metabolism takes place directly on parent drug molecules, whereas Phase 2 metabolism happens on the new functional groups that have been introduced in Phase 1, thereby forming metabolites of metabolites, most of which are called conjugates.

Phase 2 reactions can also happen without prior Phase 1 metabolism, at any suitable functional groups that are already present in the parent drug molecule. Phase 1 metabolites are usually less pharmacologically active than their parent drugs (although an increasing number of drugs have active metabolites) and are more amenable to excretion. Phase 2 metabolites are usually even more amenable to excretion and are almost always pharmacologically inactive.

However, examples of Phase 2 metabolites that are active, and which contribute significantly to the pharmacological effects of their respective parent drugs, include the 6-glucuronide conjugate of morphine and the sulphate conjugate of minoxidil.[1,2] The greater excretability of Phase 2 metabolites is because they are generally more water-soluble (thereby enhancing their excretion in the urine). In the case of glucuronide metabolites they are also significantly larger and more anionic in nature, thus enhancing their excretion in the bile.

At first glance there are a bewildering number of different drug metabolism pathways. Gibson and Skett's standard textbook on the subject lists over 50. And a single drug can go through many different pathways, often involving several different successive Phase 1 reactions followed by one or more Phase 2 conjugations. Chlorpromazine, for example, has over 100 known metabolites, although drugs usually have no more than a half dozen. But the most common pathways are relatively few and the structural meanings of the main drug metabolism descriptions in data sheets are as follows.

Table 1: High and low hepatic extraction drugs

High	Low
cocaine	carbamazepine
glyceryl trinitrate	diazepam
lidocaine	indometacin
morphine	naproxen
nicotine	paracetamol
pethidine	phenytoin
phenobarbital	procainamide
propranolol	salicylate
simvastatin	theophylline
verapamil	valproate
	warfarin

Phase 1 pathways

- Aromatic hydroxylation: addition of a hydroxyl oxygen (OH) to a benzene ring (*Figure 1A*).
- N-demethylation: replacement of an NCH_3 group in a side chain (*Figure 1B*) or on a ring (*Figure 2A*) by an amine (NH).
- O-demethylation: replacement of an OCH_3 group by a hydroxyl (*Figure 2B*).
- Sulphoxidation or N-oxidation: addition of an oxygen to a sulphur or nitrogen respectively (*Figure 1D and 1C*).
- Epoxidation: addition of an oxygen across a double bond linking two carbons in a ring structure (*Figure 2C*).
- Hydrolysis: replacement of an ester group (for example -O-CO-CH_3) by a hydroxyl (*Figure 2D*).
- Nitroreduction: replacement of a nitro group (NO_2) by a primary amine (NH_2) (*Figure 2E*).

Phase 2 pathways

Glucuronide and sulphate conjugation are the main Phase 2 pathways for drugs.

- Glucuronide conjugation: addition of glucuronate ($C_6H_9O_6$) to the oxygen or nitrogen of a hydroxyl (OH), carboxyl (COOH), nitrogen ring or amine ($NHCH_3$ or NH_2) moiety (*Figure 3A, B*). Glucuronate is a slightly modified glucose molecule.
- Sulphate conjugation: addition of sulphate (SO_3H) to the oxygen of an aromatic hydroxyl (OH on a benzene ring) or, less commonly, the nitrogen of a nitrogen ring or amine (*Figure 3C*).
- N-acetylation: addition of an acetyl group (-CO-CH_3) to an amine (-NH_2) (*Figure 3D*).
- Glutathione conjugation: addition of a glutathione molecule. This is an important detoxification mechanism, but is difficult to predict from the drug structure. It occurs at strongly electrophilic centres, that is, positively charged atoms, and is a crucial aspect of paracetamol's metabolic detoxification (*Figure 3E*).

Indometacin already incorporates a carboxylic acid group and this becomes a glucuronide conjugate without prior Phase 1 metabolism. Indometacin also undergoes typical Phase 1 metabolism (O-demethylation and hydrolysis), but lamotrigine, lorazepam, minoxidil and salbutamol are examples of drugs that completely bypass Phase 1 and are metabolised solely by Phase 2 reactions at designed-in functional groups. Lamotrigine and lorazepam are each metabolised to a glucuronide conjugate (on a nitrogen ring and a benzene ring hydroxyl oxygen

Figure 2: Phase 1 drug metabolism

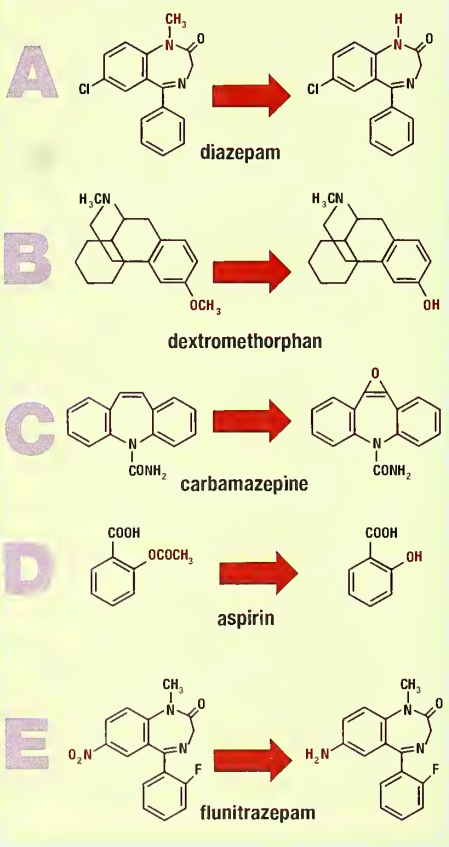
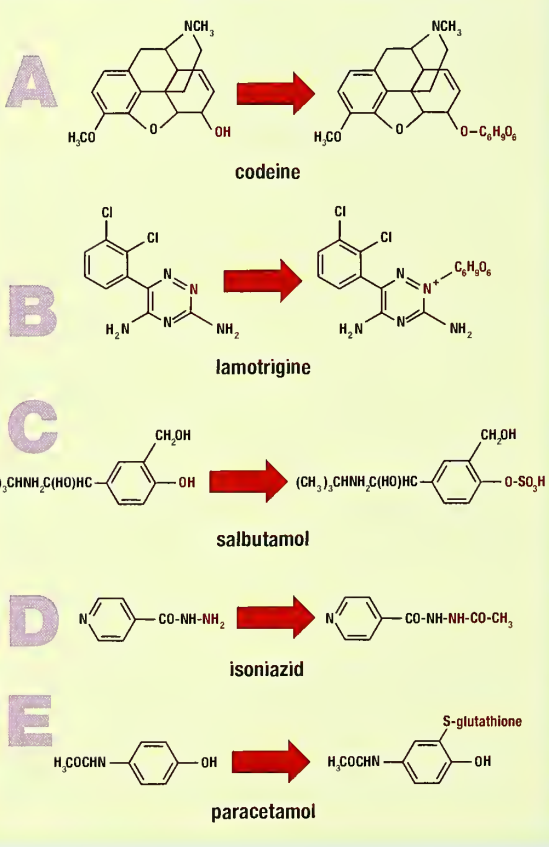


Figure 3: Phase 2 drug metabolism



respectively), whereas minoxidil and salbutamol are each metabolised to a sulphate conjugate (on a benzene ring hydroxyl oxygen and a ring nitrogen oxide respectively).

The route of administration can affect the pattern of Phase 2 metabolism. For example, when topically administered minoxidil is metabolised to a sulphate, probably by the hair follicles, but when given orally it is metabolised mainly to a glucuronide by the liver.[2]

Enzymes

Drug metabolism is mediated almost entirely by specialised enzymes that do not act on the body's intrinsic, physiological molecules. The main enzymes are the cytochromes P450 (or CYPs), glucuronosyl transferases and sulphotransferases. Others include flavin-containing mono-oxygenases, epoxide hydrolases, esterases, glutathione S-transferases and N-acetyltransferases.

Drug metabolism occurs mainly in the liver, although esterases act mainly in the plasma. Each enzyme type is an individual family of multiple forms, with its own enigmatic nomenclature. Within each family, many forms exhibit differing preferences for which drug structures to metabolise (that is, specificities) and differing genetically-based variations in activity (genetic polymorphisms). This results in much scope for drug interactions and inter-individual variations in metabolism, leading to variations in drug response. This is best understood for the CYP family (*C&D, Pharmacy Updates, October 2 and November 13, 2004, and February 5, 2005*).

Other variations in metabolism and response arise because some of these enzymes are susceptible to induction (increase in level and activity) and inhibition by other drugs. This is particularly true of the CYPs. But the conjugation of lamotrigine by glucuronosyl transferase, for example, is induced by carbamazepine (resulting in a lowering of plasma lamotrigine levels) and inhibited by valproate (resulting in an increase in plasma lamotrigine).

Several CYPs and one of the two forms of N-acctyltransferase show marked genetic polymorphisms, which can result in unexpectedly – and potentially dangerously – high blood levels of drugs in metabolically deficient patients. For instance, the dose of warfarin may need to be reduced in patients with genetic CYP2C9 deficiency, while isoniazid toxicity is more prevalent in patients who are genetically slow acetylators.[3,4]

There are also some important age, sex and disease-related variations in these enzymes and their metabolism. Drug metabolism tends to be slower in the very young and the elderly. Thus, compared with adults, young infants are deficient in the detoxification of paracetamol by glucuronide conjugation but partly compensate for this through a superior sulphate conjugation ability.[5] Asthmatic patients appear to metabolise salbutamol less rapidly than healthy volunteers, although this can be corrected by cortisone treatment.[6]

The rate at which high extraction drugs are metabolised is limited by the rate of hepatic blood flow. Such drugs are often metabolised more slowly in cardiac failure or where there is shunting of liver blood flow. As drug metabolism takes place mainly in the liver, many pathways are depressed in patients with severe hepatic disease.[7]

Exactly how our bodies came to possess enzymes that seem to deal exclusively with the products of the modern chemical and pharmaceutical industries is a question for philosophical debate. But a relatively small number of drugs are sufficiently similar in chemical structure to physiological compounds that they are metabolised by other, 'physiological' enzymes.

Examples include anticancer drugs such as 6-mercaptopurine and 5-fluorouracil, which are metabolised by thiopurine methyltransferase and dihydropyrimidine dehydrogenase respectively. Like CYPs, these enzymes also exhibit genetic polymorphisms that are associated with increased toxicity from these drugs.[8]

First-pass metabolism

Orally administered drugs are usually absorbed from the small intestine, in which case they pass through the liver before reaching the general systemic blood circulation and their pharmacological targets. First-pass metabolism scavenges orally administered drugs during their intestinal absorption and passage through the liver (*see Table 2*). The result is that bioavailability (the proportion of the parent drug oral dose that reaches the systemic circulation) is lowered, often to less than 30 per cent, and the pharmacological effect is potentially decreased. In other words, first-pass metabolism wastes medicine.

First-pass metabolism is mainly due to CYP enzymes in the liver and the lining cells of the small intestine. Glyceryl trinitrate, however, is first-pass metabolised by glutathione-organic nitrate reductase in the liver and vasculature. Drugs metabolised by CYP3A4 are particularly at risk because this is the most prevalent CYP in small intestine cells. The pharmacological effects of drugs that are subject to high first-pass metabolism can be unexpectedly and dangerously increased if they are taken together with compounds that inhibit this. An example is the effect of grapefruit juice on drugs metabolised by CYP3A4, such as lovastatin.

Verapamil is administered as a racemate, but as a result of first-pass metabolism the bioavailability of the more potent S-enantiomer is only 8 per cent compared with 49 per cent for the less potent R-isomer. The oral bioavailability of labetalol increases in advanced age, presumably because its first-pass metabolism declines.

A few drugs would be broken down in the stomach if given orally, either because of acidity (penicillin G) or digestive enzymes (insulin). This is presystemic degradation rather than first-pass metabolism.

Drug design

Drug metabolism can significantly influence drug design. There is a view that, ideally, drugs should be designed to be metabolised only by Phase 2 pathways because CYPs are genetically deficient in some individuals or are highly susceptible to inhibition or induction by drugs, dietary and 'lifestyle' chemicals and this can impose too much uncertainty on patient blood drug levels. Because inducers and inhibitors of CYPs markedly alter the metabolism of and response to buspirone, some suggest that lorazepam (metabolised only by Phase 2) replace it under such circumstances.

Medicinal chemists sometimes modify a drug structure specifically to hinder its metabolism. For instance, atovaquone, a promising new generation antimalarial, was developed from a compound that was pharmacologically active but far too swiftly inactivated by CYP. Thanks to the inclusion of a strategic chlorine atom in its structure, atovaquone is hardly metabolised at all and has a half-life of around three days.

Information sources

Statements about drugs that are not referenced in the text are based on manufacturers' data sheets.

- *Half-life, clearance and volume of distribution: Pharmacokinetics made easy, by Donald J Birkett, 2nd edition 2002, McGraw-Hill.*
- *Hepatic clearance and high/low extraction: (i) Clinical pharmacokinetics, by M Roland and TN Tozer, 3rd edition 1995, Williams and Wilkins. (ii) Applied clinical pharmacokinetics, by L.A. Bauer, 2001, McGraw-Hill.*
- *Introduction to drug metabolism, by GG Gibson and P Skett, 3rd edition 2001, Nelson Thornes (Publishers) Ltd.*

References available at www.dotpharmacy.com/metabref.html

Danny Burke is emeritus professor of pharmaceutical metabolism at the University of Sunderland and has published over 200 research articles on CYP and drug metabolism.

Table 2: Drugs subject to extensive intestinal or hepatic first-pass metabolism

amitriptyline	labetalol
atorvastatin	midazolam
buspirone	nifedipine
chlormethiazole	olanzapine
chlorpromazine	omeprazole
diltiazem	pentazocine
enalapril	pethidine
ethinyloestradiol	propranolol
felodipine	saquinavir
glyceryl trinitrate	sildenafil
	verapamil

Pharmacy sales of EHC do not encourage unsafe sex

A *BMJ Online First* paper has countered the argument that over the counter emergency hormonal contraception encourages unsafe sex.

Furthermore, making EHC available through pharmacies has not increased its use or led to a decrease in the use of more reliable contraceptive methods, say the authors from Imperial College London who analysed national survey data. Usage rates have remained stable, though women, particularly those with higher incomes, were increasingly likely to access EHC through a pharmacy to the detriment of GPs and family planning clinics. Patterns of use have not changed.

The authors comment: "The sharp rise in the proportion of women buying over the counter indicates that many women prefer this way of obtaining it. Easier access may also have meant that women obtained it faster, and hence were able to take it within the recommended 72 hours after unprotected sex."

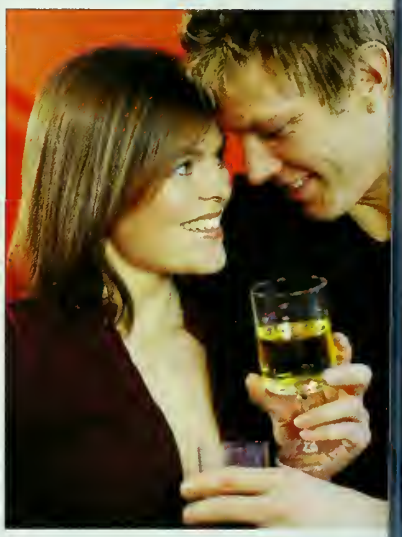
However, they warn that increasing EHC availability does not appear to have helped prevent unwanted pregnancies, as women did not report greater use. But the authors say their research "supports the case for lifting the ban on over the counter sales of EHC in the United States and other countries".

Royal Pharmaceutical Society practice and quality improvement director David Pruce said: "We recognise that cost has been highlighted as an issue and are pleased that there are a number of successful schemes where EHC can be supplied through patient group directions to address this."

Melissa Dear, Family Planning Association spokeswoman, added: "This study means pharmacists can be reassured they are providing an essential service to women. This evidence could also prove useful to advocating free supply of emergency contraception via pharmacies at local level."

For more information:

www.bmj.com



NO TEARS may help MUR

The NO TEARS acronym may be used to increase the effectiveness of a 10-minute medication review, and is flexible enough to be tailored to individual practitioners' styles, a UK GP has said.

The letters stand for Need/indication, Open questions, Tests, Evidence, Adverse effects, Risk reduction and Simplification/switches. The overlapping areas increase the chance of problems being identified, particularly within the constraints of a 10-minute consultation, explains Tessa Lewis in a paper in the journal *Geriatrics and Aging*.

Dr Lewis says: "It is important that a review system is agreed upon that includes all medications prescribed by different professionals and is clearly understood by all staff involved."

For more information:

Geriatrics Aging 2005; 8(6): 43-45

TB jab schedule to change

From September, the current school-based tuberculosis immunisation schedule will be replaced with a programme of targeted vaccination for those at greatest risk.

Based on the latest UK data, the Joint Committee on Vaccination and Immunisation (JCVI) recommended the Department of Health adopt a policy of identifying and vaccinating those most at risk. These patient groups include babies and older people living in areas with a high rate of TB, or whose parents were born in countries where TB is prevalent.

England's chief medical officer Sir Liam Donaldson commented: "These recommendations reflect the changing patterns of TB infection in this country and mean we can better protect children and others who are at higher risk"

For more information:

www.dh.gov.uk

Scriptlines

Lamictal SPC changes

The prescribing information for Lamictal (lamotrigine) has been updated to reflect an interaction between the anti-epilepsy medicine and combined oral contraceptives.

GlaxoSmithKline says new data has shown that the interaction could lead to reduced effectiveness of hormonal contraceptives, reduced seizure control in women who are stable on lamotrigine but start on oral contraceptives, or adverse effects of lamotrigine during contraceptive withdrawal.

In addition, GSK says it has data demonstrating the effect pregnancy has on lamotrigine levels. The company advises that a dose increase may be necessary to maintain seizure control during pregnancy, and a dose decrease may be required post-partum to avoid lamotrigine toxicity.

For more information:

www.emc.medicines.org.uk/emc/industry/default.asp?page=displaydoc.asp&documentid=4228

Paediasure Plus Fibre

Abbott Laboratories has launched Paediasure Plus Fibre in 200ml tetrapaks.

Previously only available in a 500ml 'ready to hang' presentation, the liquid is suitable for use in children weighing 8-30kg with disease related malnutrition and/or growth failure, short bowel syndrome, intractable malabsorption, dysphagia, bowel fistulae and for pre-operative of malnourished patients. The product may not be prescribed for children aged below one year.

Per 100ml, the vanilla flavour liquid contains 150 kcal, 4.2g protein, 7.47g fat, 16.4g carbohydrate and 1.1g fibre. Abbott says the product is approved by the Advisory Committee on Borderline Substances as a sole source of nutrition and as a nutritional supplement.

Price: £60.75 27x200ml

Pip code: 316-6469

Abbott Laboratories

Tel: 01795 580099

UDG take on Pfizer lines

Distribution for all Pfizer ethical and animal health products will transfer to UDG South Normanton on August 1.

To facilitate the transition, there will be no despatches on July 28 or 29, and a limited service will operate in UDG's first week. Pfizer has advised customers to review their orders for July, and increase quantities where required to cover a maximum of four extra days. Normal service will resume on August 5.

Pfizer customer service department will continue to deal with all orders, queries and invoicing, and the company says there should be no noticeable difference to customers other than the change of carrier.

For more information:

Christine Robinson, Pfizer customer services manager

Tel: 01304 645156

Carbalax

Forest Laboratories has announced that Carbalax suppositories (sodium acid phosphate and sodium bicarbonate) are currently out of stock.

An alternative will be available on a named patient basis from IDIS from July 27.

For more information

Forest Labs, Tel: 01322 550550

medinfo@forest-labs.co.uk.

57% of mums said Feel'n Learn™ would help the child learn to potty train.*

Pampers®

Feel'n Learn™ Advanced Trainers

Helps you FEEL wet so you LEARN to stay DRY!....

The only potty training pant with a suspended wet sensation liner

Marketing:

- £2.375MM MEAL National Tv advertising campaign (Aug-Oct)
- Direct Mail to reach over 606,000 consumers in July
- Public Relations campaign
- The Feel'n Learn™ product has been especially designed to cover the size 5 and 6 in one product (12-20 KG)

Pip code Girl: 314-5463 Pip code Boy: 314-5455

*Source:UK C&SPIT 2004, Base size 150 mums

Inspired by babies. Created by Pampers

Aquafresh gains an Intense Rush

GSK has extended its Extreme Clean toothpaste range with the addition of Aquafresh Extreme Clean Intense Rush. The new paste gives a super-clean feeling and has an intense, zingy taste.

Packaged in the Extreme Clean blue and orange packs, it will carry the 'Cleans teeth and tongue' logo. The new toothpaste will be highlighted in an advertising campaign later this year.

Price: 100ml £2.49.

GSK Consumer Healthcare
Tel: 0800-100 9997

Johnson's toilet wipes

Johnson's make the transition from nappies to potty easier for parents and children with its new Junior Easy Cleaning Toilet Wipes.

The wipes are enriched with Johnson's cleaning lotion to make it easier for toddlers to clean their own bottom, while being gentle on sensitive skin.

Price: refillable 60 tub £2.69; 60 laminated pack £2.49; duo pack £3.99.

Johnson & Johnson
Tel: 01628-822222

Anti-ageing creams introduced by Pierre Fabre

French skincare company Pierre Fabre is introducing an anti-ageing range to its Eau Thermale Avene brand.

New Eluage combines hyaluronic acid fragments with retinaldehyde to fight the signs of ageing.

Hyaluronic acid is a natural component of skin, essential for keeping it hydrated, and Retinaldehyde is used for its ability to stimulate skin cell renewal. It's available in cream for daily use and gel format for targeting problem areas.

Price: Eulage Crème 30ml £24.95, Eulage Gel 15ml £25.05

Pierre Fabre Dermo Cosmetique
Tel: 01773-510123

Natural thrush remedy from Australian Bodycare

Australian Bodycare have introduced Femigel, a repackaged version of Preevent.

The natural remedy contains 3 per cent tea tree oil and can be used in thrush and also as a vaginal moisturiser.

Packaged in single use disposable applicators, recommended use is once every three days, though it's safe to use twice daily for more severe cases.

Price: £6.99 for three 5ml applications

Australian Bodycare
Tel: 01892-750888

Sensitive move to sign up rugby stars

Gillette Series Sensitive Skin APD is being supported by an advertorial campaign which features a series of high-profile rugby stars including England's Jason Robinson, Ireland's Brian O'Driscoll and Wales' Gavin Henson.

The advertorials will appear in men's lifestyle, sport and music magazines throughout the summer.

Prices: £2.39

Gillette
Tel: 020-8560-1234

Triple action supplement for bone health

Osteomarine is a new triple action bone health supplement from Wassen. The supplement combines omega-3 fatty acids, calcium, magnesium, vitamin D and vitamin E to help build stronger bones.

It also includes vitamin K to improve absorption of calcium. Recent studies have shown that fish oil can improve calcium absorption.

Price: £7.99 for one month's supply.

Wassen
Tel: 01372-379828

Fast relief spray for mouth ulcers

Aloclair Spray is a new formulation to give fast relief from mouth ulcer pain.

In the same way as the existing Aloclair Rinse, the new spray will provide a lasting protective coating over mouth ulcers to help reduce irritation and soreness.

Consumer leaflets providing information on coping with mouth ulcers are available from Forest Laboratories UK.

Price: 15ml £3.99 (100 sprays)

Forest Laboratories
Tel: 01322-550550

Merchandiser will protect cards

Swains is introducing an anti-theft merchandiser for Kodak media cards to protect them from stock loss.

The media cards are a shop lifting target because of their compact size.

"To help retailers protect this valuable stock, which is vulnerable to shop lifters due to its small size, Swains has designed a new Kodak anti-theft counter merchandiser. This will help pharmacists protect themselves from shoplifters while also displaying the cards in an attractive, compact format in-store," says marketing director at Swains Danny Williams.

The stand works by stocking the media cards from the back of the stand, while a clear perspex front protects them from thieves - customers will have to ask staff if they want to make a purchase.

Pharmacists are being offered 40 per cent profit on return with the purchase of all cards packed in outers of ten.

For more information

Swains
Tel: 01485-536200

Canesten focuses on 30-year heritage

Canesten is celebrating its 30-year heritage as the preferred thrush treatment for women with a £5 million TV campaign to support Canesten Duo.

The advertisement, first aired in January, is called Through the years and runs from August to October.

The initial campaign resulted in signifcant sales increases, say Bayer.

"We are delighted that our initial advertising campaign triggered such an uplift in sales. We are expecting a very positive response to the next burst of advertising and believe that this is a great opportunity for pharmacists to maximise sales potential so they should stock up now."

Fopr more information

Laser Healthcare
Tel: 01202-449700

Fructis nourishes lack-lustre hair

Garnier has a new solution for the UK's 3 million women who complain of dried out, damaged and lack-lustre hair.

Fructis Repair & Shine is fortified with fruit micro-oils extracted from apricot and avocado (rich in vitamin E and fatty acids) and active fruit nutrients to nourish, smooth and protect hair from further damage. It also gives hair an intense shine.

Products in the range include Fructis Repair & Shine Fortifying shampoo, said to make hair up to three times smoother after just five washes; Repair & Shine Fortifying Cream conditioner, to strengthen hair; Repair & Shine Smoothing Cream, designed for very dry hair, which can be used on wet or dry hair and is ideal for use before heat styling.

Prices: Shampoo and conditioner 250ml £2.49, Smoothing Cream 200ml £2.49.

Garnier
Tel: 0161-655-1400

Super shiny lips

Dendron has launched new Blistex Satin & Gloss which it says will keep lips soft and shiny looking.

The smooth balm has a vanilla fragrance and gives lips a glossy wet look while keeping them moist and protected with an SPF6.

Price: £2.69

Dendron
Tel: 01923-229251

Rainforest Flowers care for hair

The Herbal Essences range of haircare products is being relaunched with more vibrant packaging and there's a new Rainforest Flowers brand of shampoos and conditioners.

The brand, which sponsors the TV hit series *Desperate housewives* is being backed by a £5 million campaign starting this month. It will include television advertising and in-store promotions.

The Rainforest Flowers range includes Sensuously Smooth shampoo and conditioner for dry or damaged hair; Shimmering Colour shampoo and conditioner for coloured hair; Dazzling Shine shampoo and conditioner for normal hair.

All the Herbal Essences conditioners have been repackaged in more vibrant bottles with improved labels for better shelf stand-out.

Products are now colour-coded according to hair type to make selection easier for consumers.

Prices: 200ml £1.89, 250ml £2.15, 400ml £2.99.

Procter & Gamble UK
Tel: 0800-5974040

TV next week

Anadin Extra: All areas

Buscopan IBS Relief: GMTV, Sat

Canesten AF: C

Germoloids: C4, five, GMTV, Sat

Imodium: All areas

Lanacane: All areas

Rennie: All areas except CTV, CAR

TENA Lady: All areas except U, CTV, LWT, GMTV

TENA Pants Discreet: All areas except U, CTV, LWT, GMTV

Traveleeze: GMTV

Zovirax Cold Sore Cream: C4, five, Sat

PharmaSite for next week: Zovirax – Window, **Mycota –** In-store, **Refresh eye drops –** Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Forever **learning**

Contunuing professional development is not a new concept. Jeannette Smith looks back at her early learning experiences

In among the usual pile of junk mailings and brown envelopes, thoughtfully laid aside in a cardboard box awaiting our return from holidays, there was one envelope that looked interesting, an airmail from Canada. If we hadn't lived in a tiny village it would almost certainly have gone astray. The address was correct, but the name on the envelope was some forty-eight years out of date. It's a long time since I saw my maiden name.

It was a proposal for a reunion to celebrate the fiftieth anniversary of our graduation. I had been reading anguished letters of complaint about the Royal Pharmaceutical Society's latest increase in the subscription, marvelling over the number of years some members had managed to chalk up, never thinking it could apply to me. This is not unusual. One of our customers looked critically at her signature on the back of her prescription. "It's like an old lady's writing," she complained. She was born in 1912.

Most of the past 50 years are hidden by a fog – I have the kind of memory which holds on to trivia, useful only for quiz games.

Maybe today's students are better prepared to face the public. Hours in pharmacy labs are a fine preparation for the kind of dispensing we did at that time. You could deal with the angular continental scribbles of a doctor who invented all his recipes from scratch and wrote them down in percentages. You could even make a selection of bloods for the Edinburgh branch of the St John ambulance brigade demonstrations - one for fresh venous blood, one for arterial blood, and a few more whose exact injuries escape me. But nobody had prepared me to fire a sticky-fingered junior with a vocabulary limited to obscenities and rampant body odour, or the occasional rude customer.

A few years later in Yorkshire I worked with an old doctor who thought that rules were made to be broken. He wrote a prescription for a pint of lead and opium lotion with no directions. The customer laughed when I asked him if he knew how to use his large bottle of poisonous fluid. 'Pour it on to a clean cloth and wrap up his knee. We need a big bottle – he's quite a big pony.' In the twilight the two children and I made an expedition over the common ground to where the caravans were parked. They found it more fun than being tucked up in bed. Even the dog came with us. I had to make sure that all the lotion was used on the pony and remove the empty bottle. The doctor had omitted to mention that he was treating a pony with a swollen knee (on an NHS prescription).

A small seaside town, with a law-abiding GP offered less variety, apart from the continuing education. CPD is not a new concept. There was an evening organised by the NPA to give us tips for bucking up counter trade – something about laying out our wares in the most tempting way. The lecturer waxed lyrical over customers who could be ensnared.

Up stood a large gentleman who inquired of the lecturer: "Don't you realise that you've given a perfect description of prostitution?" My billet now is restful, after a few years spent dealing with a safe full of little bottles of methadone. Most of our customers were perfectly civil but we always seemed to have a large sticky patch on the bench.

I was slightly afraid of CPD when I first embarked on courses. During a lecture about oral hygiene a member of the audience had a heart attack and died on the floor outside the lecture theatre. A few weeks later, we were at some weekend conference when a guest dropped dead on the dance floor. Distance learning seems much safer. Sooner or later I must log on to the Society's website.

The questions are daunting – for example, how has your learning affected your practice? Pretty well the only thing which affects my practice is the ever changing programs which clutter the screen up from one week to the next, but I might be struck off for such an admission. After all, I am now only 2.976 per cent of a pharmacist according to my present weekly hours, or 4.454 per cent if we allow a correction for the hours spent asleep.

For most of my life I have had a simple definition of myself, I am a pharmacist. If I am now only 4 per cent of a pharmacist, it's time to think of a different definition. Whatever can it be?

Dispensing

With 45 per cent growth in the last five years, the complementary medicines market is booming. Asha Fowells finds out how pharmacists can get a piece of the action

A patient walks into a pharmacy, asking for advice on a common condition. After finding out some more details, a staff member offers advice and recommends an appropriate product. The patient examines the box, then, somewhat reluctantly, places it on the counter, saying: "Have you got anything, you know, natural? I saw this thing advertised on the telly..."

Anybody who has worked in a pharmacy in recent years is likely to recognise this scenario. The popularity of complementary medicines has grown 45 per cent over the past five years, fuelled by growing consumer awareness, an interest in healthy lifestyles and a government push towards self-care. Health professionals have also become more accepting of alternative therapies, and many GPs will consider referring patients to alternative health practitioners as well as traditional NHS services.

According to Mintel, the complementary medicines market was worth an estimated £147 million in 2004, showing 44 per cent growth since 1999. Herbal medicines dominated the market, accounting for over half of all sales last year, though homoeopathic remedies and essential oils were worth around £32m and £28m respectively. This is due to increased consumer awareness and higher acceptance into mainstream retailing, particularly of high profile products such as St John's wort and echinacea.

Another reason for the sector's growth is increased availability, says Mintel. Traditionally sold through healthfood shops, complementary products are now distributed to supermarkets and pharmacies. In fact, pharmacy's share of the market has grown to the point where it accounts for half of all sales. And though the GP is still the preferred source of health advice, many people are now turning to their pharmacist for guidance on alternative remedies.

One company that has capitalised on the growing trend for complementary products is Tesco, which claims to be a leader in the sector. The supermarket chain purchased a significant portion of the Nutri Centre in 2001, enabling it to increase the range of products it offers to customers through its in-store pharmacies. But buying manager Gavin Warburton says it's not just about stockholding, and underlines the importance of training.

"Being knowledgeable is key as it is an area where the customer needs a great deal of support. This is particularly important with regards to contraindications which certain complementary health products may have if taken in conjunction with some medicines. Highlighting to customers where supplementation with complementary health may be beneficial is also important," explains Mr Warburton.

Although the large multiples, such as Tesco, may offer their staff training on complementary medicines, those working for smaller players or independents need not feel excluded. Several product manufacturers run programmes for pharmacists and pharmacy staff, as do the Centre for Pharmacy Postgraduate Education and the Faculty of Homoeopathy (*see box for details*).

However, even though pharmacy staff may be adequately trained to provide advice on complementary remedies, there are other barriers holding back further growth in the sector. The local population certainly influences sales. Women, especially those with families, and younger people are the highest users, hence pharmacies serving these patient groups are likely to benefit. Although more reluctant, older people may be encouraged to try a product if any clinical evidence of benefit is explained to them. Once used, data has shown satisfaction ratings to be very high and repeat purchases are likely.

For those pharmacies that don't stock complementary medicines, Nelsonbach chairman Robert Wilson recommends introducing a limited range of the most popular licensed and branded OTC products, including homoeopathic, herbal and flower remedies. "In particular, start with those which are well known by many of your customers and are easy to recommend because they carry indications," he advises.

For maximum impact, Mr Wilson suggests positioning complementary remedies not only on a dedicated fixture, but also alongside their equivalent "conventional" products. This type of merchandising will enable customers to

"Pharmacy's share of the market has grown to the point where it accounts for half of all sales"

more clearly identify alternative products, he says, adding that many manufacturers offer point of sale materials.

"As you become more familiar with the product range, you can broaden out and start to learn more about the specialist application of a wider range of products," Mr Wilson says. Again, manufacturers are likely to be able to provide training materials and literature, he adds.

Mr Wilson continues: "The new pharmacy contract is likely to increase the number of pharmacy consultations. This may mean that the pharmacist's role as a source of advice in the provision and prescribing of all medicines – including complementary medicines – will also increase. Pharmacists have the opportunity to position themselves as experts who can provide help and support for self-treatment, and advice on complementary medicine is a vital part of treatment."

Research company Market & Business Development agrees that the future of the sector is rosy: "Sales of herbal remedies are expected to continue to grow at a level well above that of the overall sales." MBD predicts annual sales growth of between 7 and 10 per cent for herbal products, 6 per cent for homoeopathic remedies and 4 to 5 per cent for aromatherapy products.

And pharmacies are ideally placed to capitalise on this growth at the expense of healthfood shops, says Mintel: "A point in favour of chemists is the advice that pharmacists are able to offer, particularly with many consumers still unsure of the possible benefits of specific remedies and any contraindications."

So the future of the sector appears secure, pharmacies are ideally placed to benefit from sales and volume growth at the expense of health food shops, training is freely available and demand for alternative health products will continue to increase. Now it seems it is up to pharmacists and their staff to make the most of the opportunities on offer.

References:
Complementary medicines, Mintel, March 2005.
The UK Complementary & Alternative Medicines Market Report, Market & Business Development, March 2005.

Training opportunities

- The Centre for Pharmacy Postgraduate Education publishes Complementary Medicines and Therapies, an open learning course for pharmacists. More information available at *www.cppe.man.ac.uk*
- The Faculty of Homeopathy runs homoeopathy courses specifically for pharmacists that lead to recognised qualifications. See *www.trusthomeopathy.org* for more information.
- Nelsonbach offers basic training on products via evening seminars, store visits or distance learning. Some courses have been CPD accredited by the NPA, and range of courses on flower remedies have been approved by the Dr Edward Bach Foundation. For more details, contact Nelsonbach on 0800 289515.
- Weleda offers a six month programme that covers herbal, anthroposcopic and homoeopathic remedies, manufacturing procedures and regulatory issues. Contact Weleda superintendent pharmacist Zoe Smith for more information on 0115 944 8221.

Continued on page 30

Natural selection

Pharmacist Jitendra Malde is a vocal supporter of complementary therapies. He started stocking a small number of health food and vitamin lines about five years after he bought his shop, Kanari Pharmacy in Fulham, London, some 25 years ago. Now he has shelves devoted to a wide range of herbal, ayurvedic, homoeopathic, aromatherapy and flower remedies.

Mr Malde has taken a gradual approach, saying he wants to understand the principles behind different types of products before deciding whether to stock them. Much of his knowledge has come from supplier literature, courses and library books, though he adds: "I'm using the internet more now I've worked out how to use it. I make sure information is reliable by double-checking on other sites to see if it is the same. If there's a conflict, I discard it."

Customer requests play a large role in helping Mr Malde decide which products belong in his pharmacy, and feedback is an important part of his learning process. He is careful when choosing suppliers, saying they differ widely in terms of product quality. For this reason, the pharmacy tends to stock higher-end medicines, though cheaper brands are available so patient choice isn't compromised.

Complementary health certainly has a role in the new pharmacy contract, says Mr Malde. For example, a sound knowledge of alternative medicines will enable pharmacists to take a holistic view when conducting medicines use reviews. However, although he thinks there is scope to develop an enhanced service under the new contract, GPs' poor knowledge of complementary medicines may delay progress.

And it's not just GPs. "Pharmacist are being slow to take up complementary medicines, because they're sceptical. Younger pharmacists are not taught anything about health foods etc during their studies, so you have to search out the information yourself. And it's difficult when you're working eight or nine hours a day, six of which are stressful and then you're trying to catch up," says Mr Malde, adding that the introduction of the new contract means spare time is even more difficult to find.

Jitendra Malde: a sound knowledge of alternative medicines will enable pharmacists to take a holistic view when conducting medicines use reviews

GPs' poor knowledge of complementary medicines may delay progress

But he feels it is something pharmacists should embrace. "Pharmacies give so much space to toiletries and there's so much competition from the supermarkets, so it makes sense to stock these types of products as long as the staff are trained properly to know what they all do," he points out.

It will become much easier to recommend products once the EC directive on herbal medicinal products is implemented in October because more products will be licensed and be able to state an indication on the packaging, he says (*see also p16-17*). He predicts that the new legislation will also see the decline of health food shops, as more products will be restricted to pharmacy sales.

However, he sounds a cautionary note. Although complementary health products are profitable, very few suppliers offer sale or return terms and the bottom line can easily be affected by products going out of date. This means it is crucial to ensure stock can be ordered in singles, not outers, he warns.

THE CHEMISTS' AND DRUGGISTS' DIARY, 1905

ASHTON & PARSONS'
"Universe"
Show Case.

FILLED with a quick-selling assortment of large 1/- size Pilules and Tinctures.

Price, including the handsome, beautifully-made mahogany Show Case

£2, 10, 8.

Compare this with the price charged by other makers, whose price is never less than £5.

We charge the actual cost price of the Show Case, plus the contents, at 1/3 per dozen, as follows:—

	£	s.	d.
Cost of Show Case ...	1	12	0
8½ dozen large 1/- size Pilules at 1/3 per dozen ...	0	10	10
9½ " " " " Tinctures at 1/3 per dozen ...	0	7	10
	2	10	8

You are not burdened with a lot of high-priced unsaleable Homœopathic Specialities. The Case can be supplied empty if required at the actual cost price of £1 12.

When not stated the Case is invariably supplied to open at back. The cost of the Case to open at front would be 7s. extra. All spaces are labelled to enable stock to be kept easily.

Write for Illustrated List post free to all parts of the world.

Old Homœopathic Cases of other makers exchanged free of charge for new ones.

ASHTON & PARSONS, LTD., 17 FARRINGDON ROAD, LONDON, E.C.

The Royal Pharmaceutical Society is commemorating the 250th anniversary of the birth of Samuel Hahnemann, the founder of homoeopathy, with a display at its London headquarters. The exhibits range from a display case that dates from 1905 (pictured) to contemporary homoeopathic kits, and includes an information sheet explaining the principles of therapy and common dosage forms, and giving a brief history of Hahnemann

A **testing** problem

Pharmacists who are reluctant to stock complementary remedies sometimes cite a lack of evidence as reason for their cynicism. But Nelsonbach chairman Robert Wilson thinks health professionals need to be open to a wider range of research methods.

"In CAM, treatment recommendations are often individualised, and this individualisation can create difficulties in designing studies when compared to the allopathic approach... in this context, the double-blind, placebo-controlled trial, held up as the 'holy grail' of evidence-based medicine may lose its hallowed status. Designed to test how pharmaceuticals treat physical symptoms, not individuals, it should not be the sole 'test' of CAM.

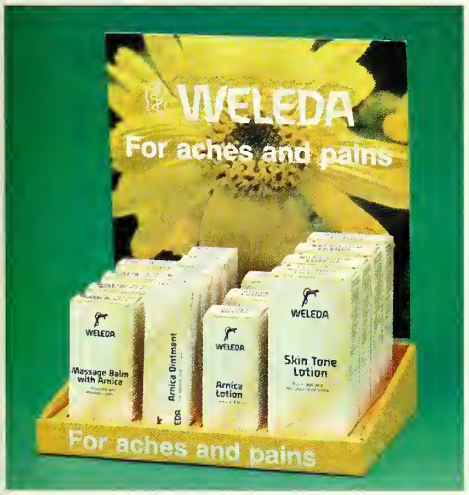
"Audit trails that track outcomes of treatments and procedures and impact of quality of life for patients are now considered legitimate additions to dossiers of evidence, as are patient and professional testimonials. Clinical trial methodology needs to incorporate and employ a selection of methods such as n=1 (outcome) trials and controlled case histories, evaluating not just a few symptoms but the wider patient quality of life," says Mr Wilson.

But an editorial in last week's *BMJ* called for more herbal medicines' trials to be conducted, saying: "Without evidence of efficacy, it is hard to judge the safety of herbal medicines." Warning that "natural is not synonymous with innocuous", the authors point to vincristine, digoxin and morphine as plant-derived drugs with narrow safety margins.

The MHRA has proposed the formation of a Herbal Medicines Advisory Committee, which would have members representing Western, Chinese and ayurvedic herbalism, lay members and experts on conventional medicines. This group would judge products by plausibility, not analytical criteria and would "clearly distinguish rational therapies based on good evidence of efficacy and safety from products that lack those attributes", say the authors.

The article concludes: "Advocates of the use of unproven herbal products would be able to take separate and full responsibility for them, and for making decisions on their safety and efficacy in the absence of information from satisfactory clinical trials – or, indeed, any evidence at all."

Product news



Arnica still number one for Weleda

Weleda says its Arnica range still tops its list of bestselling products after many decades, despite several other companies having launched similar products in recent years.

The company attributes the range's continued success to its policy of offering "a little bit extra in terms of quality, with 100 per cent natural ingredients and organic plant extracts, not to mention strong trade margins".

This summer, the Arnica range features in a seasonal promotion that includes a free "aches and pains" display tray and point of sale material. Costing £41.62, the trade parcel contains four Massage Balms, five Arnica Ointments, three Arnica lotions and four Skin Tone Lotions and yields 37 per cent profit on return.

Weleda Retail, tel: 0845 200 2836

De Valle spray aims to beat snoring

De Valle Lifestyle has added Anti-Snoring Throat Spray to its range of natural health and aromatherapy products.

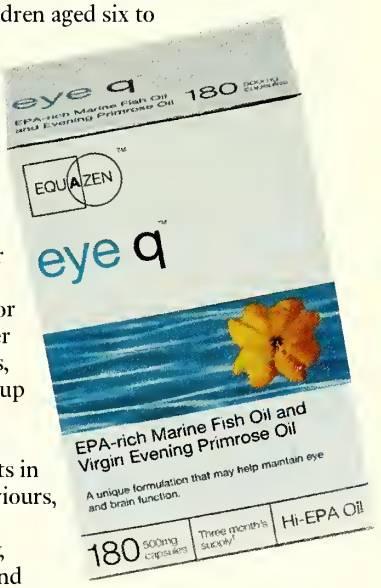
The company says the essential oils in the spray help expand the airways and facilitate clearer breathing to reduce the vibration that results in snoring. De Valle adds: "The ingredients are completely natural and the product is easy to use." An outer of 12 sprays comes ready trayed in a counter top display, which the company claims is ideal for "independents short on space".

Price: £4.99, pack size: 30ml, Pip code: 314-9671, De Valle Lifestyle Ltd, tel: 0161 727 8424

Study shows benefits of eye q

An Oxford University study has demonstrated the improvements in children's learning and behaviour that can be achieved when eye q is used.

The double-blind trial randomised more than 120 children aged six to 12 years attending Durham schools who had been diagnosed with dyspraxia to receive either the supplement or placebo. After three months, the eye q group showed significant improvements in several behaviours, including hyperactivity, inattention and short-term memory.



eye q contains omega-3 fish oil, derived from sardines and pilchards, to deliver the highest natural source of a fatty acid thought to help eye and brain function, and omega-6 evening primrose oil.

Price: 60 caps £7.99, 180 caps £21.99, 200ml liquid £9.99, Pip code: 60 caps 268-1138, 180 286-0153, 200ml liquid 286-0161, Ceuta Healthcare Ltd, tel: 01202 780558

Look after yourself

Consumers want to care for themselves and pharmacists must respond, say Mike Owen and Kirstie Pace of PAGB

Government support for self-care is now firmly established. Self-care is now a key part of the individual care pathway, from leading a healthy lifestyle to caring for minor, acute and long-term conditions.

This is self-care from a health policy perspective, however. What about consumers' attitudes to self-care?

Actually, consumers very much want self-care too.

Self-reliant

In a very recent PAGB/*Reader's Digest* national consumer survey conducted by NOP World Health and using a sample of 1,500 consumers representative of the UK population, people were asked to indicate how much they agreed with a range of statements about self-care. The list below shows illuminating answers to three key questions (the figure is the percentage agreeing very much or slightly):

- "Overall, individuals should be responsible for their own health and their family's health" 96 per cent
- "I prefer to treat everyday ailments myself rather than going to the doctor" 87 per cent
- "I have to be really ill to go to the doctor" 87 per cent

Clearly, consumers feel a strong sense of responsibility for looking after their own health and prefer to try treating everyday health conditions themselves. They aim to visit the GP only if they are more seriously ill.

This feeling of self-reliance amongst consumers was echoed in a recent Department of Health study of consumers' attitude to self-care, conducted by MORI.[2] It identified how extensively people are involved nowadays with four key areas of self-care.

The study showed that over three-quarters of people (77 per cent) say they often lead a healthy lifestyle; nearly 9 out of 10 people often treat minor ailments themselves; 82 per cent of people with a long-term illness actively take a role in caring for it; and 64 per cent of those who have been to hospital take an active role in monitoring the condition afterwards.[2]

Over 90 per cent of people agreed with the statement "When I have a minor ailment, the first thing I do is try and find some relevant information myself". Over 85 per cent of people indicated they were interested in playing a greater role in treating minor ailments themselves and taking care of long-term health conditions.[2]

When consumers use self-medication to respond to a common health problem, PAGB's survey indicated that over 90 per cent (91 per cent) were satisfied with their last use of an OTC medicine. Also, 71 per cent of respondents indicated they would welcome more non-prescription medicines to help manage or control 'more serious or long-term conditions'.[1]

I think I'm healthy

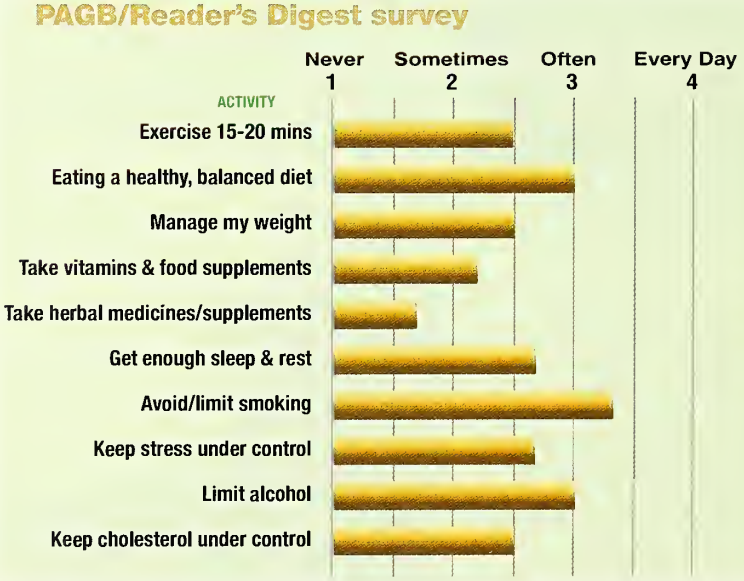
Interestingly, most people think of themselves as being healthy. In the PAGB/*Reader's Digest* survey only 11 per cent claimed their health was poor (either 'fairly poor' or 'very poor').[1] Some 62 per cent of people rated their health as 'fairly good' or 'very good.' People's confidence in their own health is also reflected in the fact that most people don't worry about their health; only 45 per cent of people said they worried a little or a great deal.[1]

However, despite the majority of the public thinking of themselves as healthy, there are still many areas where the public are not as active or as well-informed as they should be in leading a healthy lifestyle.

The PAGB/*Reader's Digest* survey asked people to indicate how much they engaged in a range of ten 'healthy actions'. The graph below shows the findings. Of the ten choices, people said they only took part in three "often". These were eating a healthy and balanced diet, avoiding or limiting smoking and limiting alcohol. All the others were categorised as either sometimes or never.[1]

The PAGB/*Reader's Digest* survey showed

PAGB/Reader's Digest survey



The survey asked people how much they engaged in a range of 'healthy actions'

This is the third in a series of articles by the OTC medicines manufacturers' association, PAGB, looking at the important implications for pharmacy of the self-care agenda

CPD

This article can help in the following CPD competencies: **G1m, G1o, G9i, C1a** as set out at *www.uptodate.org.uk/home/PlanRecord.shtml*

most people are only exercising "sometimes",[1] while the DoH survey found that the majority of the public (59 per cent), do not take part in any exercise at all.[2]

This mismatch between how healthy the public say they are and the actions they are actually taking to maintain a healthy lifestyle shows a likely lack of awareness and correct understanding amongst many people as to what they could/should be doing around self-care to help themselves. This is an area where more support and encouragement is needed from healthcare professionals to fill the gap.

Untapped resource

Even though the general public wants self-care, it is still not seeing pharmacy as a leading place to turn for healthcare advice or support.

Back in 1977, when PAGB carried out its previous consumer self-medication study, just 13 per cent of consumers indicated they saw their pharmacist as a place where they got most of their information about health. The GP, magazines, friends/family, radio/television/newspapers and leaflets in surgeries all scored higher.

Strikingly, exactly the same figure has appeared eight years later in the recent survey by the DoH when consumers were asked how much they used various health information and advice sources. Pharmacy was again behind the GP, family/friends, TV and magazines.

In PAGB's own, recent survey, the same picture emerges. Respondents were asked how much they made use of sixteen different health information sources. The table below identifies the ten most frequently used sources.[1] It can be seen that pharmacy is ranked sixth, quite a way behind the GP again:

PAGB survey

Health information source	Respondents using 'a lot'
GP	19%
Family/friends	17%
Internet – general health sites	12%
Nurse at surgery	9%
Product leaflet	9%
Pharmacist	8%
Newspapers	7%
Medical reference books	6%
Mfr/retailer/helpline or website	6%
TV/radio	5%

The PAGB/*Reader's Digest* survey also asked respondents if they had visited their pharmacy at all in the past year to discuss their general health or how to treat a common health problem. Just half (54 per cent) had done so, compared to seven in ten people (69 per cent) who claimed to have consulted their GP for a similar purpose in the last year. Over two fifths (41 per cent) of people indicated they had not visited a pharmacy at all, with only 11 per cent saying they had visited three or four times: corresponding figures for visits to the GP were 28 per cent and 20 per cent.[1]

Reassuringly, when consumers actually do visit a pharmacy and seek advice or support about their health, they are generally pleased and satisfied.

The PAGB survey indicated that a whopping 90 per cent of respondents were satisfied (51 per cent 'quite satisfied' and 39 per cent 'very satisfied') with the advice or information they received on their last visit to a pharmacy to discuss their general health or how to treat a common health problem.[1]

The problem is that not enough people are choosing to visit pharmacies to assist them in managing their health. In particular, the range of people visiting pharmacies is skewed towards women and people who are simply popping in to collect their prescription. Certainly, a few pharmacy chains have attracted a greater footfall over the last year by offering quick 'drop-in' diagnostic tests for one or two conditions, but pharmacy is not yet established in the minds of most consumers as a leading source of self-care support.

It's not that the general public does not have a high regard for pharmacy. On the contrary. In the PAGB/*Reader's Digest* survey, fully 77 per cent of respondents agreed with the statement that "the pharmacist is a good source of advice on everyday ailments".[1] The issue is that there is a clear 'perception gap' between people's view of pharmacy and how they actually behave towards pharmacy.

Knowledge gap

There are many reasons why consumers do not make more use of pharmacy, which many pharmacists would recognise themselves. With only limited space here, suffice to mention a few, key factors: many consumers do not realise how well-trained and knowledgeable pharmacists are; many pharmacies still do not have private consultation facilities; some pharmacies have a lack of continuity of staff and have to use locum pharmacists a lot; and many consumers are put off perhaps by the 'white coat technician' image of the pharmacist, who is seen as working behind the counter rather than in front of it.

Another pointer from the PAGB survey is that some consumers do not think pharmacy staff always do enough to offer *pro-active* advice, information and support. Some 51 per cent agreed with the statement "When I am in a store looking to buy a healthcare product, I would like pharmacy staff to offer me more advice or information."[1]

Consumers are particularly eager to hear advice and support from health professionals to encourage them to take-up self-care more. If more doctors and pharmacists did this, self-care would be sure to take off.

In the PAGB survey, 57 per cent of people agreed that "If I had better knowledge about everyday ailments and products available, I would be more inclined to treat them myself".[1]

Community pharmacies, in particular, have a great opportunity to stress their professional advice and support role to help consumers and patients use self-care. Many consumers may choose to buy many of their healthcare products as part of their weekly shop at one of the grocery multiples, where things like wide choice of products and longer opening hours are valued, but people do recognise the strong value of their local pharmacy in terms of convenience and the extra time and advice staff there can typically give.

Customer focus

Actually, the new pharmacy contract itself is going to help push pharmacy to be more 'customer-oriented' than is perhaps often realised.

The contract is not just about increasing pharmacists' role in the NHS, as they become more inter-connected with the local primary-care system.

To take on the greater public health/healthy lifestyle promotional role and that of encouraging self-care too, pharmacists are inevitably going to have to think more in terms of the 'individual consumer', be more service orientated and be more proactive and engaging with consumers/patients generally.

Consumers and patients will simply not respond to and live up to the government's hopes for pharmacy to be seen as a first port of call for local healthcare advice unless pharmacies do become more customer-minded. It's the way of the world.

Some of the specific ways in which the new pharmacy contract will help stimulate a greater 'customer-focus' include, for example:

- The need for pharmacy staff to engage with patients by asking questions proactively to seize opportunities to help promote healthy lifestyles/public health
- The need to fit out decent consultation areas in the pharmacy to be able to offer certain new services
- The clinical governance requirement soon for pharmacists to conduct 'customer satisfaction' surveys
- The need to keep records about advice, medicines or referrals given to certain consumers/patients
- The need to take part in regular public health promotions in the community

All these things, it is to be hoped, together ideally with pharmacy groups and individual stores doing more to promote their widening role and range of services to the general public, will make pharmacy more appealing and attractive to consumers as a source of healthcare advice and support as well as a source of dispensed or bought medicines. It is certainly going to require pharmacy groups to implement a great deal of training, staff development and changes in systems, protocols and processes.

Let's hope that, within the next couple of years, with the new pharmacy contract as a key driver, pharmacy will succeed in enhancing its 'consumer-focus' and widening its general appeal to and use by the general public. As consumers look to embrace self-care, they will see pharmacy as a natural lead 'partner' in supporting their own health care management. It is an exciting prospect.

References:
1. PAGB/Reader's digest, Consumers' Approach to Everyday Health Conditions, 2005 study.
2. Department of Health, Public Attitudes to Self-Care Baseline Survey, February 2005.

Classifiedads

01732 377493

All major credit cards accepted

Contact Debra Thackeray. Chemist & Druggist (Classified), CMP Information Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW. **Telephone:** 01732 377493, **Fax:** 01732 377179.
Internet: *www.dotpharmacy.com*, **E-mail:** *pharmacysales@cmpinformation.com*
Appointments £27.00 per single column centimetre.
General classified £18.00 per single column centimetre.
Box numbers available on request. Copy date 12 noon Tuesday prior to Saturday publication.
Cancellation deadline 10am Friday; one week prior to insertion date.
All cancellations must be in writing.

Appointments

Appointments

DAY LEWIS

Dispenser Trainer / Assessor

The Day Lewis Group is a family owned pharmacy chain of over 100 branches based in the South of England. Due to recent and continuing expansion, we are looking for a qualified NVQ3 Technician to join our training team.

You will have at least 3 years experience of dispensing in a retail pharmacy environment as well as excellent organisation and communication skills. With a proven track record of developing others, a significant amount of your time will be spent on the integration of new branches.

You will also provide support to students undertaking the NVQ3 Technician course and, if not already qualified, you will be expected to undertake the assessor award.

A full clean driving licence will also be essential and you may be required to spend significant amounts of time away from home. Relevant training will be provided to successful candidates.

We are an equal opportunities employer.

For further details, please send your CV to Human Resources, Day Lewis House, 324 Bensham Lane, Thornton Heath, Surrey CR7 7EQ or email to careers@daylewisplc.co.uk

FULL TIME QUALIFIED DISPENSER IN THE PETERBOROUGH AREA
EXCELLENT PAY AND CONDITIONS
ENQUIRIES TO MR TAHA ALI
FOR FURTHER INFORMATION 0116 266 2334
FAX 0116 266 3205
EMAIL INFO@ALFACHEMISTS.CO.UK

CLAPHAM

Full Time
Dispenser Required

Please apply to Miss May Toon.
Telephone 0207 720 4279
or write to:

Kamsons Pharmacy,
86 Clapham Manor Street,
London,
SW4 6BD

Businesses Wanted

CAMBRIAN ALLIANCE
The buying group for independent pharmacy
Phone Wendy on 01792 791798

Businesses for sale

Buying a pharmacy?

Ease the cash flow pains of starting up.

FastFlow for Pharmacy enables you to receive immediate payment for your NHS dispensing.

Contact Andy on Freephone:
0808 144 5554
or E-mail: info@pharmacypartners.com
Web: www.pharmacypartners.com

pharmacy partners
the power to prosper

1723

Businesses For Sale

THINKING OF SELLING!!

We have purchasers ready and willing to pay top prices for good quality pharmacies in:

London, Home Counties and the Midlands areas.

Guaranteed total discretion and confidentiality

Please call Anne **NOW** *for a* ***free*** *valuation.*

Hutchings Consultants Ltd
01494 722224
email: info@hutchingsandco.com
www.pharmacyexperts.com

Businesses Wanted

COHENS CHEMIST GROUP

We are currently looking to expand our pharmacy chain into the North West, West Yorkshire and North East areas. All information will be treated in the strictest confidence with best prices paid, all turnovers/size of group considered please contact Colin Caunce on 07966 524162 or Yakub Patel on 07930 577799.

Adam Myers

For all your healthcare needs

A small group looking to acquire shops in the Midlands, covering Gloucestershire, Herefordshire, Shropshire, Staffordshire, Warwickshire, Worcestershire and surrounding areas.
All turnovers considered, all information treated with strictest confidence and a high premium paid.
For a quick decision please contact Mr Bhandal on 07710 574890
E-mail: csb@adammyers.co.uk

Pearn's Pharmacies Ltd

We are currently looking to expand our chain and are seeking pharmacies/groups to purchase in the South Wales area.
Please contact David Pearn on 07831 558028 for an informal confidential discussion.

Courses

Products & Services

Products & Services

Shopfitting

Shopfitting

Tax Consultants & Accountants

Tax Consultants & Accountants

Back ISSUES

Co-op turns **green**

Staff from the Co-op Pharmacy in Larkhall, Bath took *Shrek* as their theme for the town's annual Gala Day and joined the carnival parade in the Co-op Far Far-Macy decorated minibus.

Pharmacy assistant Bobbie Rankin said the decision to take part had been a team one, with colleague Yvonne Shields suggesting the participation of the big, green, ugly smelly ogre, the smart and spirited Princess Fiona and the Donkey that's definitely no jackass.

"The Gala Day parade is open to anyone and lots of local businesses and organisations take part each year," said Ms Rankin. "We talked about it and decided we should enter as well. I have an old minibus which we decorated for the event and everyone did their bit."

The event was such fun that the team decided they would do it again. *Shrek 2* anyone?

Caption: (l to r) Jennifer Kean, Yvonne Shields, Pauline Shields, Valerie Proctor, Liz Gibb and Bobbie Rankin get into the spirit at the Larkhall Gala Day

Lloyds gets its **trainers** on

More than 180 Lloydspharmacy staff were recently seen walking around Coombe Abbey near Coventry in a fund-raising effort for Diabetes UK. Staff were taking part in their own 'Walk in the Park', and between them raised £2,000 for Diabetes UK research.

Since its inception in 1999, Walk in the Park has raised around £700,000 for diabetes research. This year there will be over 65 Walk in the Park events taking place around the country.

Justin Ash, Lloydspharmacy managing director commented: "With so many keen to participate, it made sense to organise our very own Walk in the Park.

"This is the latest in a long line of initiatives we have undertaken to help improve the lives of those living with diabetes."

Ap oin ment

Steve Hill

Steve Hill has been named Alliance Pharmacy's new marketing manager. An internal promotion, Mr Hill has been with the company (formerly Moss Pharmacy) since December 2003. In his new role, he will be developing consumer marketing strategies and initiatives to drive retail sales and prescription business, and will be focusing on customer recruitment and retention.

Tony Garlick

Tony Garlick, technical director of the British Association Pharmaceutical Wholesalers, has been appointed to the executive committee of GIRP, the European full-line pharmaceutical wholesalers' organisation.

Go buy a **Bibendum**

Pharmacies are being encouraged to stock a set of charity boosting badges featuring Bibendum, the Michelin man.

Michelin has teamed up with transport charity Transaid to produce 50,000 badges to help raise money to fund road and rail schemes in Africa and Asia.

The four badges feature the famed character from the company's logo and should be sold for donations of £1 or more, according to Michelin.

Chris Saunders, chief executive of Transaid, said: "We are keen to ensure maximum exposure and would be interested in talking to national retail outlets which could donate a small amount of counter space." More information is available from Caroline Beaumont at Transaid by telephoning 020 7387 8136.

Mad for **IT**

Staff and patients at San Francisco's UCSF Medical Centre were left 'fearful and shaken' recently, when a robotic dispenser went mad, according to reports in *The Register*.

'Waldo', a mobile robot used to dispense pills at the facility, refused to return to the pharmacy to restock at the end of its rounds. The crazed automaton – reportedly as big as a US TV or, in English, the size of a garden shed - rumbled past the pharmacy before barging into the hospital's oncology department and refusing to leave.

So, next time you feel like kicking your robotic dispenser - think again. You never know just what it might do next.

Burinder Cheema, a pharmacy assistant at the West Midlands Co-op in Tipton, is the winner of the June Cambridge Counterpart draw. Burinder, 20, has worked in the pharmacy since September and is about to start a dispensing diploma. Seen here with Burinder (right) are supervising pharmacist Anjlee Sharma and Wyeth Consumer Health territory manager Ken Grigg

Skills for the Future

The complete **Skills for the Future** programme is now available in a single pack, containing 20 learning modules plus the assessment CD-Rom.

Order now using the form below to get yourself on track to carry out Medicines Use Reviews.

Skills for the Future – Order Form

Course materials for the 'Skills for the Future' programme can be ordered from *Chemist & Druggist*.

Send your order to:
Mary Prebble, Pharmacy Projects, CMP Information Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW.

Payment may be made by:
A. Cheque (payable to CMP Information Ltd) or
B. Credit/debit card (Call 01732 377269 if you wish to order and pay by credit or debit card over the phone).

I wish to order:	**Number of packs/CD-Roms**
Module pack (20modules + assessment CD-Rom) at £41.13 inc VAT each	_____
Assessment CD-roms at £11.75 (inc VAT) each	_____

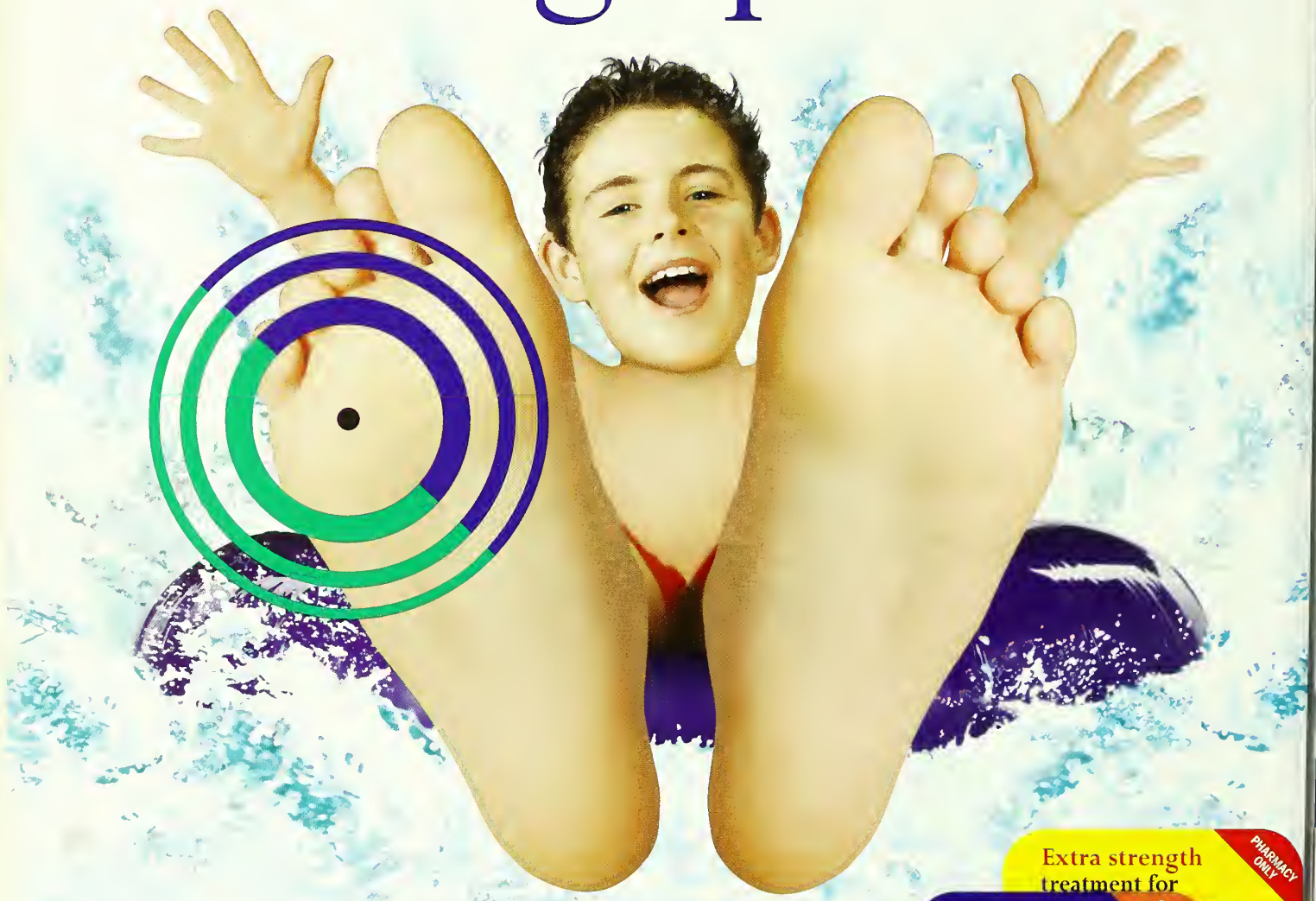
A. I enclose a cheque for £_____ made payable to CMP Information

B. Please charge my credit/debit card for £_____
Card type_____
Number_____
Expiry date_____ **Issue no** (debit cards)_____

(Credit/debit card payment will only be accepted if full address plus postcode and phone number are supplied)

Please send my course materials to:
Name_____
Address_____
_____
_____
Postcode_____
Daytime phone number_____
Signature_____
Date_____

bazuka is making a big splash



Salicylic acid, lactic acid

The No.1* seller is back on TV with a new action-packed campaign

- For a **painless** answer to warts and verrucas
- No need for plasters
- Nothing you can buy is more effective

bazuka™ that verru

*Source: IRI Infoscan, all outlets, Apr '05 MAT unit market share.

BAZUKA Trademark and Product Licences held by Diomed Developments Ltd, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD1 7JJ, UK. **Indications:** For the treatm verrucas, warts, corns and calluses. **Directions for use:** For adults, the elderly and children: Once daily apply one or two drops of the gel to the lesion and allow to dry, taking care to avoid the normal surrounding The following day, carefully remove the dried patch and apply fresh gel. Once every week, before re-applying fresh gel, gently rub the treated surface using the emery board provided. Continue treatment unt condition has resolved. This may take up to 12 weeks for certain verrucas and warts. **Contra-indications:** Not to be used on the face, neck, intertriginous or anogenital regions, or by diabetics or individuals with poor circulation. Not to be used on moles, birthmarks, hairy warts, or any other skin lesions for which the gel is not indicated. Not to be used in cases of sensitivity to any of the ingredients. **Precautions and Warn** Keep away from the eyes, mucous membranes and from cuts and grazes. Avoid spreading onto normal surrounding skin. Do not use excessively. Avoid inhaling vapour and keep firmly closed when not in use. Avoid contact with clothing, fabrics, plastics and other materials, as it may cause damage. **Side-effects:** Some mild, transient irritation may but in cases of more severe irritation or inflammation, treatment should be discontinued. Bazuka Gel and Bazuka Extra Strength Gel are highly flammable – Keep away from flames. Store at room temper not exceeding 25°C. Keep all medicines out of the reach of children. FOR EXTERNAL USE ONLY. **Legal Category:** P **Packs:** Bazuka Gel (PL0173/0161) – 5g RSP £4.95 (£4.21 exc. VAT). Bazuka Extra Strengt (PL0173/0154) – 5g RSP £5.75 (£4.89 exc. VAT).